



Kinsale Insurance Company
 P. O. Box 17008
 Richmond, VA 23226
 (804) 289-1300
www.kinsaleins.com

**FIREARMS MANUFACTURERS SUPPLEMENTAL APPLICATION
 COMMERCIAL GENERAL LIABILITY APPLICATION**

COMPLETE IN ADDITION TO ACORD APPLICATIONS.
 ATTACH ADDITIONAL SHEETS AS NECESSARY.
 ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

Please attach the following information:

- Most recent financial statement including income statement and balance sheet
- 5 years currently valued carrier loss runs
- Copy of your Federal Firearms License
- Copies of contracts with suppliers of component parts

APPLICANT'S INFORMATION

- 1) APPLICANT NAME: _____
- 2) ADDRESS: _____
- 3) CITY, STATE, ZIP CODE: _____
- 4) LOCATION OF BUSINESS IF DIFFERENT FROM ABOVE: _____
- 5) EFFECTIVE DATE: _____
- 6) WEBSITE ADDRESS: www. _____
- 7) Current carrier information:

Carrier:	_____
Limit of Insurance:	_____
Deductible:	_____
Premium:	_____
Expiration:	_____
Retroactive Date:	_____

- 8) During the past five years, has any insurer ever canceled or nonrenewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? If yes, please explain: _____ Yes No

- 9) Years in business under the current name? _____
 Name of Person to contact: _____ Title: _____
 Phone #: _____ E-Mail address: _____
 FEIN: _____

- 10) Type of Entity: Sole Proprietor "S" or "C" Corporation Partnership LLC/LLP Other



GENERAL INFORMATION

1. Please describe your business operations: _____

2. Please describe your premises security precautions: _____

3. Please list the trade and industry groups in which you are an active member. _____

4. Have you ever been declared bankrupt or voluntarily entered a bankruptcy plan of reorganization? Yes No
 If you checked "Yes", please provide details. _____

5. Name and address of parent company and all subsidiaries to be insured. (**NOTE:** Coverage applies **ONLY** to those entities specifically named in a policy we may issue to you.) Attach a separate sheet to list additional entities to be insured.
6. Have you merged with or acquired any companies in the last 5 years? Yes No
 If Yes, provide details and advise how past liabilities were handled in the acquisition. _____

7. Do you have a formal written quality control program? Yes No
 If yes, provide details. If No, how do you assure the quality of your products? _____

8. If any division, product, or product group is to be specifically excluded from coverage, please indicate: _____

9. Please provide information on your estimated sales for the coming 12 months in the chart below.

The term "manufactured" includes assembly of component parts into a finished product.

Category	Estimated sales for the coming 12 months	Percentage sold to US law enforcement or US Military
Manufactured Handguns		
Manufactured Rifles		
Manufactured Shotguns		
Manufactured Working replicas		
Wholesale distribution only		
Retail sales of firearms		
Ammunition		
Gunsmithing for others		
Shooting ranges		



Category	Estimated sales for the coming 12 months	Percentage sold to US law enforcement or US Military
Firearms safety courses for the public		
Shooting clubs including skeet, target and hunting		
Repair of firearms		
Firearm accessories including scopes, clips, magazines, parts, etc.		
Non firearm products including wearing apparel, books, magazines, etc		
Other (describe)		
TOTAL Estimated sales		

10. Are any new products to be introduced, or manufactured during the next year? Yes No
Describe type and expected sales: _____

11. Do you have your brochures, warnings, instructions, operating manuals, advertising and warranties reviewed by legal counsel? Yes No
12. Are any components used by you manufactured by foreign manufacturers? Yes No
If Yes, advise details with percent of cost of goods sold that have foreign components. _____

13. Do others manufacture, assemble or install products under your name or label? Yes No
This would include, for example, gunsmiths.
14. If you answered "Yes", do you obtain certificates of insurance indicating that products liability coverage is provided and that you have been named as an additional insured? Yes No
15. In the event that it becomes necessary to recall a product, what means would be used to secure the return and disposal of the product? How much estimated expense would this entail? Attach a copy of your recall plans. _____

16. Has any product ever been recalled? Yes No
If Yes, supply the following details:
Date of recall: _____ Voluntary Ordered? By what agency? _____
Product involved: _____
Reason for recall and how discovered: _____
What was the remedy of the problem? _____
17. Do you have procedures in place to obtain and record information related to reports of defective products, accidents, injuries and complaints? Yes No



18. Are product records, serial numbers or other information maintained that would show the date of manufacture and to whom and the date each product was sold? If Yes, supply details including how long such records are maintained? _____
 _____ Yes No
19. Are all components identified and traceable to original source? Yes No
20. Do you provide vendor agreements to customers of your products and name them as additional insureds? If Yes, please explain and attach specimen agreements. _____
 _____ Yes No
21. Are there any present situations which might give rise to an incident causing a product recall? If Yes, supply details. _____
 _____ Yes No
22. Have you had any Product Liability claims that were or were not covered by insurance? If Yes, advise details. _____
 _____ Yes No
23. Have you been cited by any regulatory agency for violations arising out of business activity involving your product? If Yes, provide details. _____
 _____ Yes No
24. Are you ISO 9000 certified? Year of recognition: _____
 _____ Yes No
25. Do you service or repair your products or others' products at your premises or at another location? If Yes, provide details. _____
 _____ Yes No
26. Do you have any discontinued products or are you considering discontinuing any products? If Yes, please explain the reasons for discontinuing. _____
 _____ Yes No
27. Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective products, product failure, product dispute bodily injury or property damage) arising out of or related to your products that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? _____
 _____ Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.



NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.



All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

