

Capitol Indemnity Corporation

P.O. Box 5900
Madison, WI 53705

SPORTS CLUB/CLAY TARGET QUESTIONNAIRE

(attach to ACORD application)

Applicants Name _____ Current Carrier _____

Address _____ Phone Number _____

City/State/Zip _____ Fax Number _____

Location of Premises (if different) _____

Claims History _____

Additional Insureds _____

OPERATIONS:

Of Rifle/Pistol Ranges _____

Of Sporting Clay Stations _____

Of Trap Houses _____

Of Skeet Houses _____

RANGE DEFINITIONS:

Trap - 1 Trap House = 1 Range

Skeet - 1 High and 1 Low = 1 Range

ADMINISTRATION:

Written safety plan? Yes No

Rules posted? (submit copy) Yes No

Is disciplinary action taken for breaking the rules? Yes No

Do you sell alcohol? Yes No

Are members restricted from range after alcohol consumption? Yes No

How enforced? _____

Members only, or, are range passes issued? Yes No

Are instructors and range officers NRA certified? Yes No

Are first aid kits available and are range officers trained in first aid? Yes No

Are Safety Glasses required Yes No

Is Hearing Protection required Yes No

OUTDOOR RANGE:

Is premises fenced with locked gates? Yes No

Is perimeter posted "Shooting Range-Danger-Keep Out" Yes No

Is each range NRA certified? Yes No

GENERAL:

Revenue from shooting operations \$_____ (annual sales including dues/fees)

of Members: Active _____ Inactive _____

Acres of land owned/leased? # _____

Does any lead fall in wetlands or, property of others? Yes No

Is lead reclaimed? Yes No

Do club users sign a hold harmless agreement? Yes No

List type and frequency of special functions and competitions held on or off premises:

How are spectators separated/protected from range activities?

Distance to nearest road, dwelling, etc. from Rifle/Pistol, Trap/Skeet shot fall area?

Type of backstops (height), side berms (height), baffles, ricochet protection used?

INCIDENTAL OPERATIONS

Club House Yes No If yes, area _____

Archery # of Targets _____ Yes No If yes, sales _____

Proshop Yes No If yes, sales _____

Bar/Cooking/Concessions Yes No If yes, sales _____

Paint Ball Operations Yes No If yes, unacceptable

Hunting Type: Rifle ___ Shotgun ___ Bow ___ Yes No

Fire Arm Repair Yes No If yes, unacceptable

Reloading supplies Yes No If yes, sales _____

Sale/rental/loaning of Used Guns Yes No

Other operations? _____

Submit diagram of the grounds.

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE INSURANCE COMPANY.

Signature of Applicant

Date