

**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