

JOSEPH CHIARELLO & CO., INC.

INSURANCE

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FIREARMS INSTRUCTOR LIABILITY INSURANCE APPLICATION

The insurance coverage provided by this insurance policy is limited to your liability arising out of your occupation as a firearms instructor (including defense related training, education, instruction and coaching).

1. Instructor(s) name _____
2. Company name, if any _____ *(name to appear on policy)*
3. Applicant is: Individual Partnership Corporation LLC
4. Mailing address _____
City _____ State _____ County _____ Zip Code _____
5. Phone _____ Cell _____ Fax _____
6. E-mail _____ Web-Site _____

NOTE: A SEPARATE APPLICATION IS REQUIRED FOR EACH EMPLOYED INSTRUCTOR TO BE COVERED UNDER A PARTNERSHIP OR CORPORATE POLICY. YOU MAY MAKE A PHOTOCOPY OF THIS APPLICATION IF NECESSARY.

7. List each instructor (**other than yourself**) that you **employ**? These are instructors who receive a W2 from your company.
 NONE (1) _____ (2) _____ (3) _____
8. How many independent contractors do you use? _____ Please provide a list of names on a separate sheet of paper and confirm that you obtain proof of their insurance coverage prior to using them as an 1099 independent contractor.
9. Indicate any organizations to which you belong:
 NRA NASR IALEFI NSSF OTHER _____
10. Do you have a federal firearms license? Yes No **if yes**, include a copy. Explain the reason for the license. _____

THE INSURANCE COVERAGE PROVIDED BY THIS INSURANCE POLICY IS LIMITED TO LIABILITY ARISING OUT OF YOUR OCCUPATION AS A FIREARMS INSTRUCTOR. SHOULD YOU CONDUCT ANY OF THE FOLLOWING OPERATIONS, COVERAGE MAY BE PROVIDED FOR AN ADDITIONAL PREMIUM. IF YOU WISH COVERAGE FOR ANY EXPOSURES LISTED BELOW, CALL OUR OFFICE FOR AN APPLICATION.

11. Indicate if you conduct any of the following operations:
 - Retails sales of firearms or ammunition
 - Reload ammunition for resale
 - Gunsmith for others
 - Owner or partner in a range operation
 - Own or operate a security guard company
 - Private investigation
 - None of the above *(This **must** be checked off if you do not do any of the above mentioned classes)*
12. Describe any other business related activities in which you are involved: _____

13. If firearms instruction is not your primary occupation, please indicate your primary occupation and your employer: _____

14. Check all instructional courses that you provide:

- Hunter Safety Program
- Youth Gun Safety Program
- Home or Personal Protection & Safety Program
- Police or Law Enforcement Program
- Security Training
- First Aid/CPR
- Concealed Carry Firearms
- Civilian Simunition Training
- Force on Force type training (physical contact with or between you and/or your students)
- Other: **Please describe** _____

15. Are you a NRA Certified Instructor? Yes ****Attach a copy of current ID Card.** No

<u>Course</u>	<u>Date Completed</u>
NRA Basic Firearm Training Program	____/____/____
NRA Instructor Training Program	____/____/____
NRA Training Counselor Program	____/____/____
NRA Coach School	____/____/____

16. Indicate which of the following non-NRA courses you have completed.

<u>Course</u>	<u>Date Completed</u>	<u>Certifying Agency</u>
Military Firearms Instructor Course	____/____/____	_____
Firearms Manufacturer Instruction	____/____/____	_____
State Sponsored Instruction	____/____/____	_____
Civilian Simunition Training	____/____/____	_____
Other Training Courses Completed:		
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**** ATTACH 3 of your most CURRENT CERTIFICATIONS related to your firearms training qualifications**

17. Describe any other experience or background as a firearms instructor, which would help us evaluate this application. _____

18. List the course title and frequency of formal recurrent training or re-certification programs you attend: _____

19. Provide the **name and address** of the location where you will conduct classroom training: _____

20. What is your average class size? _____

21. Provide the **name and address** of the commercial or law enforcement range facility where you will conduct practical and live fire exercises. It is imperative that live fire training be conducted at this location or a commercial range. _____

22. What is the **maximum** number of students, per insured instructor, on the range during each exercise? _____
23. What is the **average** number of students, per insured instructor, on the range during each exercise? _____
24. Do you own any of these locations? Yes No
25. If you do not own any of these locations, have you signed a lease or other agreement with regards to your use of the classroom or range? Yes No

THIS POLICY INCLUDES NAMING ONE RANGE AND ONE CLASSROOM AS AN ADDITIONAL INSURED FOR CLAIMS ARISING OUT OF YOUR INSTRUCTION AT THAT RANGE OR CLASSROOM. THERE IS AN ADDITIONAL CHARGE FOR NAMING AN ADDITIONAL RANGE OR CLASSROOM OR SUBSTITUTING THOSE ORIGINALLY NAMED.

26. Are you required to provide a certificate of insurance to a classroom or range facility? Yes No *If yes, complete the following:* If available, include the contact name at the facility and their email address.

<i>Name of classroom or range facility</i>	<i>Name of classroom or range facility</i>
<i>Address</i>	<i>Address</i>
<i>City, State & Zip Code</i>	<i>City, State & Zip Code</i>
<i>Attention:</i>	<i>Attention</i>
<i>Email address of contact</i>	<i>Email address of contact</i>

27. Who provides the firearms and the ammunition used during live fire exercises?
 Student Range Applicant Other: _____

If you provide the ammunition and/or firearms, please indicate the types of firearms, ammunition and who manufacturers it? _____

28. Do you provide texts, videos or handouts to students other than those provided as part of an NRA Sponsored Course?
 Yes No

29. Test results, as required by the state, **and** the written records concerning your student's attendance and/or performance of the class you provided must be retained? How many years do you keep these records? _____ Years

30. Do you hold any classroom training on your personal property? Yes No

31. Do you have a Homeowners or Renters Insurance policy? Yes No

If yes, please complete the information below:

Insurance Company Name: _____

Limit of Personal Liability Insurance: _____ Expiration Date: _____

32. Annual income or estimated income from your instruction activities: \$ _____

Print Name of Applicant:

Title:

Signature of Applicant:

Date:

SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, OR THE APPLICANT TO ACCEPT INSURANCE. IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE SHOULD A POLICY BE ISSUED AND THE INSURANCE SHALL BE LIMITED TO CLAIMS ARISING OUT OF THE APPLICANTS ACTIVITIES AS A FIREARMS INSTRUCTOR.

I/WE DECLARE THAT THE ABOVE STATEMENTS ARE TRUE, COMPLETE, ACCURATE, AND THAT I/WE HAVE NOT INTENTIONALLY WITHHELD ANY MATERIAL FACT THAT MIGHT INFLUENCE THE INSURANCE COMPANY TO PROVIDE THE INSURANCE REQUESTED BY THIS APPLICATION.

The insurance coverage provided by this insurance policy is limited to your liability arising out of your occupation as a firearms instructor (including defense related training, education, instruction and coaching).

Limits of Liability:

Occurrence Limit / Aggregate Limit

\$1,000,000 / \$2,000,000

Annual Premium

\$375.00

**GRANITE STATE INSURANCE COMPANY
(herein called the "insurer")**

(IF A POLICY IS ISSUED IT WILL BE ON AN OCCURRENCE BASIS) (DEFENSE COSTS ARE NOT WITHIN THE LIMITS OF LIABILITY)

FRAUD WARNINGS

NOTICE TO ARKANSAS 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 BE SUBJECT TO FINES AND CONFINEMENTS IN PRISON.”

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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.”

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 INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.”

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 A 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 ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, 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 FIVE THOUSAND DOLLARS 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 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 ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY” (365:15- 1- 10,36□3613.1).

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 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO VIRGINIA APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OR DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”