



**James River Insurance Company
and its Subsidiaries**
6641 West Broad Street, Suite 300
Richmond, VA 23230

**Firearms & Ammunition Manufacturers
Supplemental Application**

**MANUFACTURERS & CONTRACTORS
Division**
Email to MC@jamesriverins.com

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

SECTION I – GENERAL INFORMATION

Applicant name: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Website: _____

Years in business under current management: _____ Date established: _____

Federal Firearms License number: _____

Is applicant the sole occupant of the premises? Yes No
If "No", please list other tenants. _____

Type of enterprise: Corporation Individual Partnership Limited partnership LLC
 Non-profit For profit Joint venture Government entity
 Other: _____

Description of operations: _____

List of subsidiaries and their operations: _____

List any additional offices and provide locations: _____

Have any of the principals engaged in this or similar enterprises under a different name? Yes No
If "Yes", please list entity and operations: _____

Please indicate those organizations to which applicant belongs:
NAFLFD NRA NSSF NASGD SAAMI AGI AAGSR
Other: _____

SECTION II – PRODUCTS & SERVICES

1. Provide product information for the coming year:

Product description	Years in market	Estimated product life	% of gross sales	Applicant is a/an M W R I MR	Products sold to M W R C O	Does applicant repair
			%			<input type="checkbox"/> Yes <input type="checkbox"/> No
			%			<input type="checkbox"/> Yes <input type="checkbox"/> No
			%			<input type="checkbox"/> Yes <input type="checkbox"/> No
			%			<input type="checkbox"/> Yes <input type="checkbox"/> No

M = Manufacturer W = Wholesaler R = Retailer I = Importer MR = Manufacturer Rep C = Consumer O = Other

2. Does applicant have any retail sales or sales direct to customer <i>(including over the internet)</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does applicant have any gunsmithing operations or independent gunsmiths employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are all of applicant's firearms manufactured with safety devices or features to prevent them from being fired by unauthorized users as required by USC 18 ((921)(a)(34))? If "No", please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Describe the materials or principal components of each product:	
6. Does applicant design and manufacture the complete product? If "No", describe component parts purchased:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are all products under applicant's label?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does applicant manufacture products to the specifications of others? If "Yes", do they test the products upon receipt?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do others manufacture, assemble, package or install products under applicant's name or label?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does applicant manufacture, assemble, package or install products under the label of others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Will any new products be introduced in the next 12 months? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. What product(s) has applicant ceased or discontinued manufacturing during the past 10 years and what was the reason?	
13. Does applicant retain liability for any products or operations which they no longer control? If "Yes", please provide the product/liability and reason:	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Provide the name and/or industry of applicant's top five (5) customers:	
15. Does applicant offer training or instruction in the use of their products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have any products been acquired by merger or acquisition? If "Yes", please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Did applicant assume liability for any of the products listed in question 16?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does applicant sponsor any shooting teams? If "Yes, please provide detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does applicant own or operate shooting ranges? If "Yes": a. Specify type: b. Are exploding targets allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Does applicant manufacture or import: a. Airsoft, pellet or paint guns? b. Any other products with a muzzle velocity over 500fps? c. If "Yes", please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Does applicant manufacture or import ammunition? If "Yes", is there any loading, reloading, storage of such in residential neighborhoods, or within 1000 feet of a school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
22. What is the maximum amount of explosive material (e.g., powder, tannerite, etc.) stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Does applicant manufacture exploding targets?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III – FINANCIAL INFORMATION

1. Provide estimated sales for each classification, rounding off to the nearest thousand dollars. If applicant has no sales for a particular classification, indicate "NONE" for that classification:		
Classification	Estimated sales/receipts (current year)	Number of units
a. Wholesale or distributor		
i. Firearms, ammunition & associated products*		
ii. All other products (describe):		
b. Retail sales		
i. Firearms, ammunitions & associated products*		
ii. All other products (describe):		
c. Gunsmithing		
d. Manufacturing of reloaded ammunition		
e. Manufacturing of new ammunition (include imported ammo)		
f. Firearms instruction		
g. Ranges/clubs (indoor)		
h. Ranges/clubs (outdoor)		
i. Skeet, trap & sporting clays		
j. Archery range (indoor)		
k. Archery range (outdoor)		
l. Custom stocker**		
m. Custom barrel maker**		
n. Associated classes**		

o. Other (describe):		
Total Estimated Sales/Receipts Note: Total sales/receipts should equal your projected gross sales/receipts.		
* Associated products include component parts of ammunition and firearms (assemblies, magazines, clips, etc.) Holsters, scopes, gun racks and cases are considered "All other products".		
** Submit a detailed narrative on products together with literature and brochures, sample of packaging indicating instructions and warnings.		

SECTION IV – QUALITY CONTROL		
1. Does applicant maintain quality control procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does applicant keep samples of all products involved in quality control procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are complete records of the following maintained:		
a. When and where product was manufactured	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. To whom product was sold and the date of sale	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Who supplied the parts and/or supplies going into the product	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Changes in designs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Changes in advertising material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are designs reviewed, tested, and verified by others? If "Yes", by whom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are products subject to any government or industry standards? If "Yes":	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Which ones?		
b. Are applicant's products in full compliance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has applicant ever withdrawn or recalled a product? If "Yes", please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does applicant have a formal products recall plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does applicant have a written procedure, including maintenance of written record, for handling complaints about products and accidents/injuries involving applicant's products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. How can applicant's product(s) be identified from the products of competitors?		
10. Have any of applicant's products been subject to injury or investigation relative to product safety by a governmental agency? If "Yes", please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are certificates of insurance required from applicant's suppliers? If "Yes":	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. What limits are required?		
b. Is applicant named as an additional insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. If applicant is a distributor and does not actually manufacture the products sold, does the manufacturer provide applicant with vendors liability coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Is applicant's product designed, labeled, tested, and manufactured to meet or exceed all industry and government standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Describe security and safety precautions in place for storage of ammunition and/or explosive materials:		

SECTION V – PRODUCTS LIABILITY LOSS/CLAIM HISTORY

- 1. In the last five (5) years, have there been any losses, claims, legal actions, or suits brought against applicant? Yes No
- 2. Do any of the proposed named insureds have knowledge of any pre-existing act, omission, event, condition, or damages to any person or property that may potentially give rise to any future claims or legal action against any proposed named insured? Yes No
- 3. Is applicant aware of any incident, condition, circumstance, defect, and/or suspected defect in any product or work, which may result in a claim or claims against applicant? Yes No
- 4. Is applicant aware of any complaint of notice filed in the last three (3) years with any governmental agency or industry regulatory body, including but not limited to the US Consumer Product Safety Commission, concerning their product? Yes No

SECTION VI – SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. *(Not applicable in North Carolina)*

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association/society. I agree to cooperate with these committees.

NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

I have read the statements above, understand their meaning and agree.

Applicant's signature:

Date:

Applicant's name:

Applicant's title: