



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

## FIREARMS TRAINING SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Policy Number:
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/> Retroactive date:

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) Applicant's product brochure, catalog, or marketing materials if a website is not available
- c) Copies of all course materials, guides, and maps as applicable

3)

What are your operations? Check all that apply:

- ☐ Firearms Training – Basic Safety and Use
- ☐ Firearms Training – Self-Defense – No Contact
- ☐ Firearms Training – Self-Defense – Including Disarm/Martial Arts Training
- ☐ Firearms Training – Armory/Gunsmithing and Ammunition Reloading
- ☐ Firearms Training – Advanced Tactical – Civilian
- ☐ Firearms Training – Advanced Tactical – Law Enforcement, Military, or Licensed Security
- ☐ Firearms Training – With Tactical Driving
- ☐ Firearms Training – Trick Shooting or Film/Television Instruction
- ☐ Firearms Training – Marksmanship/Professional Target Shooting
- ☐ Bladed Weapon Training
- ☐ Guided Hunt – On Foot/Trail
- ☐ Guided Hunt – Utilizing Land or Marine Vehicles
- ☐ Guided Hunt – Utilizing Aircraft or Rotorcraft

4)

What are your projected receipts for the coming year? \$ \_\_\_\_\_



- 5) Do you operate seasonally only? Yes ☐ No ☐  
a. If yes, what is your operating season? \_\_\_\_\_
- 6) Are you subject to any state or local licensing or regulation? Yes ☐ No ☐  
a. If yes, list regulations/licenses: \_\_\_\_\_
- 7) How many years have you been in operation? \_\_\_\_\_
- 8) Do you run criminal background checks on all employees? Yes ☐ No ☐  
a. Are past convictions for violent crimes or organized crime, or “no fly list” restrictions exclusionary criteria for hiring? Yes ☐ No ☐  
b. What is the minimum age for employment? \_\_\_\_\_
- 9) Does your operation have any age restrictions for participants? Yes ☐ No ☐  
a. If yes, what age? \_\_\_\_\_
- 10) Do you strictly prohibit the use of firearms by any participants under the influence of drugs or alcohol? Yes ☐ No ☐
- 11) Are all participants required to sign a waiver absolving you of all liability for bodily injury and property damage, including any damage to their firearms? Yes ☐ No ☐
- 12) Please indicate the personal protective equipment required when firearms are being discharged:  
a. Ear Protection? Yes ☐ No ☐  
b. Eye Protection? Yes ☐ No ☐  
d. Other : \_\_\_\_\_ Yes ☐ No ☐
- 13) Do you have the following first aid measures readily accessible in all areas where firearms are discharged:  
a. Basic first aid kit? Yes ☐ No ☐  
b. First aid trained staff? Yes ☐ No ☐  
c. Advanced aid kits (such as gunshot, hemorrhage, tourniquet)? Yes ☐ No ☐  
d. Emergency alert button/911 call button? Yes ☐ No ☐

## **FIREARMS TRAINING**

- 14) How many students maximum will you train at one time? \_\_\_\_\_  
a. Do you allow students to bring their own firearms? \_\_\_\_\_  
b. Is classroom instruction completed and students assessed prior to any range instruction? Yes ☐ No ☐
- 15) Do you instruct classes for students to satisfy a state or local requirement to obtain firearm permitting such as a concealed carry license? Yes ☐ No ☐  
a. If yes, do state or local requirements mandate that you conduct any kind of student screening? Yes ☐ No ☐  
b. If yes, please describe: \_\_\_\_\_  
c. Does passing the course require a mandatory minimum proficiency? Yes ☐ No ☐  
d. What is the minimum accuracy threshold? \_\_\_\_\_ %
- 16) Do any courses you offer involve live fire training/practice? Yes ☐ No ☐  
a. If yes, is this at a range you own, operate, or are an employee? *If yes, please complete Kinsale Shooting Range Supplemental Application and provide detailed diagrams of range(s).* Yes ☐ No ☐



- 17) Do any courses offered require any special state or federal reporting? Yes ☐ No ☐  
a. If yes, please describe: \_\_\_\_\_
- b. Are students aware of this reporting requirement? Yes ☐ No ☐
- 18) Do you have any restrictions on course participation based on violent crimes, active restraining orders, involuntary psychiatric holds, or “no fly” listings? Yes ☐ No ☐
- 19) If you conduct any self-defense training or bladed weapons training, please complete the following:  
a. Are all hand-to-hand training modules conducted with dummy weapons incapable of firing a projectile? Yes ☐ No ☐  
b. If no, are modules conducted with nonlethal weapons only (paint projectiles, Taser, etc.)? Yes ☐ No ☐  
c. Describe the safety equipment utilized during hand-to-hand training modules (mats, headgear, etc.): \_\_\_\_\_  
d. Are students instructed to or permitted to spar with one another? Yes ☐ No ☐
- 20) If you conduct any advanced tactical courses, please complete the following:  
a. Does any course work involve climbing or rappelling? Yes ☐ No ☐  
b. Do any course modules involve exposure to extreme elements or pain, including severe temperatures, loud noises, strobing lights, obfuscated vision, low lighting, electroshock devices, chemical irritants, visually disturbing imagery or scenery, harassment or humiliation, explosions, fire, sleep deprivation or other severe high stress conditions? Yes ☐ No ☐  
c. If yes to b., are these modules conducted with live firearm/lethal projectiles present? Yes ☐ No ☐
- 21) If you are conducting tactical driving courses, do students complete driving modules in their own vehicles? Yes ☐ No ☐  
a. Are students permitted to fire weapons from the driver’s seat? Yes ☐ No ☐  
b. If yes to a., are students required to stop the vehicle before discharging? Yes ☐ No ☐
- 22) Are any courses conducted over multiple days? Yes ☐ No ☐  
a. If yes, do you provide overnight accommodations? Yes ☐ No ☐  
b. If yes to a., are accommodations considered to be backwoods or primitive camping in nature (no access to running water, conventional plumbing, or electricity)? Yes ☐ No ☐  
c. Do you provide meals? Yes ☐ No ☐  
d. Do you serve or permit BYOB alcohol consumption? Yes ☐ No ☐  
e. If yes to d., do you require all firearms to be unloaded and locked before alcohol may be consumed? Yes ☐ No ☐

### GUIDED HUNTS

- 23) Who maintains the trails/areas where hunts occur? \_\_\_\_\_
- 24) Do you confirm the validity of all participant hunting licenses before the hunt commences? Yes ☐ No ☐
- 25) Do you conduct a safety presentation before the hunt commences?  
a. Are participants required to wear high visibility vests or clothing? Yes ☐ No ☐  
b. Does your presentation include an overview of local, state, and federal limitations on hunting (size limitations, protected species, scope of license/season, etc.)? Yes ☐ No ☐
- 26) Do you conduct hunts of any apex predator/high predator game such as bears, alligators, or Yes ☐ No ☐



wild boar?

- a. Do you conduct hunts in areas where apex predators are known to have habitats? Yes ☐ No ☐
- 27) Do you conduct hunts using weapons other than firearms (bows, trapping)? Yes ☐ No ☐
- 28) If you are utilizing non-aircraft vehicles, please complete the following:
- a. Are participants permitted to drive? Yes ☐ No ☐
- b. If yes to a., are participants required to place the vehicle in park before shooting? Yes ☐ No ☐
- c. Are you utilizing any watercraft? Yes ☐ No ☐
- d. If yes to c., are participants required to wear a US Coast Guard approved life vest? Yes ☐ No ☐
- 29) If you are utilizing aircraft or rotorcraft, please complete the following:
- a. Are flights conducted open door? Yes ☐ No ☐
- b. If yes to a., how are participants secured in the aircraft? \_\_\_\_\_
- c. Does any portion of the flight path go over water? Yes ☐ No ☐
- d. If yes to c., are all passenger restraints designed to allow for rapid egress? Yes ☐ No ☐
- e. How many pilots do you employ or contract? \_\_\_\_\_
- f. How many flight hours does each pilot have in the type of craft you are operating? \_\_\_\_\_
- g. Do you own the craft you use? Yes ☐ No ☐
- h. If no to g., are you responsible for regular maintenance of the craft? Yes ☐ No ☐
- i. Do you carry aircraft liability insurance including passenger and public liability? Yes ☐ No ☐
- 30) Are any hunts conducted over multiple days? Yes ☐ No ☐
- a. If yes, do you provide overnight accommodations? Yes ☐ No ☐
- b. If yes to a., are accommodations considered to be backwoods or primitive camping in nature (no access to running water, conventional plumbing, or electricity)? Yes ☐ No ☐
- c. Do you provide meals? Yes ☐ No ☐
- d. Do you serve or permit BYOB alcohol consumption? Yes ☐ No ☐
- e. If yes to d., do you require all firearms to be unloaded and locked before alcohol may be consumed? Yes ☐ No ☐

#### ACCOUNT HISTORY

- 31) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. If Yes, please attach and explanation. Yes ☐ No ☐
- 32) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations 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? If yes, please attach an explanation. 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: \_\_\_\_\_

