



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

**FIREARMS RETAIL AND MANUFACTURING/DISTRIBUTION
 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) A copy of all Federal Firearms Licenses (FFLs) held by you

3)

What are your operations? Check all that apply:

- Firearms, Suppressors, and Lower Receivers Manufacturing
- Non-operational Firearms Parts Manufacturing
- Accessories and Optics Manufacturing
- Wholesale Firearm Distribution or Military/LEO only Retail Sales
- Body Armor/Ballistic Paneling Manufacturing
- Paintball Marker Manufacturing
- Manufacturing of "gray" parts (unbored/80% receivers, cheek paddles, trigger cranks)
- Other _____
- Operational Firearms Parts and Holsters Manufacturing
- Gunsmithing/Gun Repair (on customer supplied arms only)
- Ammunition Manufacturing
- Retail Civilian Firearm Sales
- Firearm Range Manufacturing
- Pellet, BB, and Airsoft Gun Manufacturing

For firearm ranges, tactical courses, and amusement operations, please complete the Kinsale Shooting Range Supplemental Application.

For firearm training courses and guided hunts, please complete the Kinsale Firearms Training Supplemental Application.



4) Please complete the below table regarding your sales:

Upcoming Year (est.):	Last 12 Months:	One Year Prior:	Two Years Prior:	Three Years Prior:

a. If more than one box in 3) is checked, please clarify what percentage of sales is in each category: _____

b. Do you have any sales outside of the US, US Territories, and Canada? Yes No

c. If yes, are foreign sales insured elsewhere? Yes No

5) Audit/Inspection contact: _____

a. Phone number: _____

b. Email: _____

6) If selling any airsoft/airgun or bb/pellet gun, do all products bear a brightly colored safety tip? Yes No

If Yes, please provide maximum FPS for most powerful unit: _____

7) If selling any ammunition, are any products of an atypical or specialty nature Yes No

such as incendiary rounds, armor-piercing bullets, or rubber, bean bag, or pepper less-than-lethal? If yes, please list: _____

8) For retail firearm sales, please clarify the following:

a. Is a formal Straw Sales policy in place? Yes No

If yes, are all employees required to sign off on these policies, regardless of full or part time status? Yes No

b. Have you or any of your employees ever been cited for a Straw Sales violation? Yes No

If yes, please attach details of the event and steps taken after.

c. Do you have a mandatory waiting period? Yes No

If yes, does this apply to all firearms or only specific types? Please list: _____

d. Please describe the security measures in place at your location(s): _____

e. If you are selling products online, do you require a dealer address and FFL to ship? Yes No

9) Have any products manufactured, distributed, or sold by you been involved in a mass shooting event? If yes, please provide details: Yes No

10) For ballistic paneling other than plates and vests, are products tested by an independent 3rd party? Please clarify to what NIJ level products are tested to: Yes No

11) Do you sell any less-than-lethal weaponry? Yes No

If yes, please list and clarify if sales are to Military/LEO, civilian, or both: _____

12) Have you ever been cited for an ATF violation? Yes No

a. If yes, was your FFL suspended or revoked? Yes No



b. Please attach a copy of the ATF warning letter, any follow up letters, and details of steps taken to ensure that violations of this nature will not occur in the future.

13) Are batch or product records, serial numbers or copies of guarantee/warranty cards maintained that would facilitate tracing whereabouts of products? If Yes, confirm how long these records are maintained: _____ Yes No

14) In the event that it becomes necessary to recall a product, do you have a recall plan in place? Yes No
a. Do you have Product Recall insurance? Yes No
b. What means would be used to secure the return and disposal of the product? _____

15) Have you ever had a product recall event? Yes No
a. If Yes, supply the following details: Date of recall(s): _____
b. Voluntary? Ordered? By what agency? _____
c. Product(s) involved: _____
d. Reason for recall and how discovered: _____
e. What was the remedy of the problem? _____
f. What percentage of recalled goods were returned/repaired? _____

16) Are there any present situations that might give rise to an incident causing a product recall? Yes No
If Yes, supply details. _____

17) Have you had any Product Liability claims that were or were not covered by insurance? Yes No
If Yes, please provide details. _____

18) 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 explain. _____ Yes No

19) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to allegations of faulty or defective products, product failure, product dispute bodily injury or property damage) arising out of or related to your products 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? 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: _____

