



Shooting Range

AGENCY CUSTOMER ID: CLEVE-1

OP ID: BC

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY) 10/9/2019

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY: Guilford City/County Insurance; CARRIER: National Union Fire Ins. Co.; POLICY NUMBER: 29UD808374511; EFFECTIVE DATE: 09/23/19; NAMED INSURED(S): Cleveland County Foothills Public Shooting

POLICY INFORMATION table with columns for TRANSACTION TYPE, LIMIT OF LIABILITY (\$5,000,000), RETAINED LIMIT (\$10,000), and FIRST DOLLAR DEFENSE (Y/N) [N]

EMPLOYEE BENEFITS LIABILITY table with columns for LIMIT OF INSURANCE, AGGREGATE LIMIT FOR EBL, RETAINED LIMIT FOR EBL, and RETROACTIVE DATE FOR EBL

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125) table with columns for #, NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES, ANNUAL PAYROLL, ANN GROSS SALES (238,000), FOREIGN GROSS SALES, and # EMPL

UNDERLYING INSURANCE table with columns for TYPE, CARRIER / POLICY NUMBER (Granite State Insurance Co), POLICY EFF DATE (10/01/16), POLICY EXP DATE (10/01/17), LIMITS, ANNUAL RENEWAL PREMIUM, and +- RATING MOD



REPORTING PERIOD FY 2018-2019				PRIOR FY 2017-18			
<u>ADMISSION</u>		<u># of Customers</u>	<u>Fees</u>	<u># of Customers</u>		<u>Fees</u>	
GEN PUBLIC 18+		9,467	\$94,550.00	9,364		\$93,640.00	
GEN PUBLIC 17-		915	\$4,575.00	1,017		\$5,085.00	
VETERANS		2,304	\$16,660.00	2,323		\$15,980.00	
SR. CITIZENS		797	\$5,120.00	852		\$5,170.00	
DISABLED CITIZENS		105	\$655.00	91		\$575.00	
LAW ENFORCEMENT		254	\$1,915.00	276		\$1,890.00	
CLEVE CO EMPLOYEES		98	\$700.00	103		\$655.00	
NC WILDLIFE EMPLOYEES		4	\$10.02	6		\$35.00	
SPECTATORS		420	\$420.00	438		\$438.00	
SKEET ONLY		1,647	\$1,647.00	1,859		\$1,859.00	
REPLACEMENT CARD		24	\$120.00	3		\$30.00	
SPECIAL EVENTS **		652	\$8,339.69	685		\$9,318.92	
TOTAL CUSTOMERS		16,663	TOTAL FEES \$134,711.71	17,014		TOTAL FEES \$134,675.92	
RENTALS/TARGETS:							
		<u># Sold</u>	<u>Sales</u>	<u># Sold</u>		<u>Sales</u>	
RANGE RENTAL		0	\$0.00	0		\$0.00	
STEEL TARGETS		2,111	\$21,110.00	1,938		\$19,380.00	
20/12 GAUGE SHOTGUN		8	\$50.00	21		\$145.00	
ROUNDS OF SKEET/TRAP		6,026	\$30,130.00	6,484		\$32,420.00	
PAPER TARGETS		4,994	\$4,994.00	6,354		\$6,388.50	
SPLATTER TARGETS		2,079	\$3,118.50				
GAME TARGETS		46	\$46.00				
LANE FEE		9,062	\$18,124.00	9,304		\$18,608.00	
TOTAL RENTALS/TARGETS			\$77,572.50			\$76,941.50	
RETAIL SALES							
		<u># Sold</u>	<u>Sales</u>	<u># Sold</u>		<u>Sales</u>	
12 GA SHELLS		51	\$510.00	76		\$760.00	
20 GA SHELLS		23	\$230.00	10		\$100.00	
SHOTGUN MAGNET		0	\$0.00	13		\$19.50	
RANGE DECAL		117	\$117.00	86		\$84.02	
SAFETY GLASSES		788	\$4,932.00	844		\$5,390.00	
EAR PLUGS		743	\$371.50	810		\$405.00	
RANGE KEY CHAIN		13	\$16.50	33		\$49.50	
RANGE PATCH		30	\$90.00	16		\$48.00	
RANGE MAGNET		20	\$49.00	13		\$65.00	
SHOE COVER		64	\$64.00	84		\$73.12	
RT/TRUCKER HAT		69	\$991.50	23		\$277.50	
MESH BACK HAT		80	\$1,125.00	40		\$487.50	
LIGHTWEIGHT HAT		48	\$681.00	63		\$862.00	
VISOR		11	\$124.00	15		\$140.00	
SMALL-XL T-SHIRTS		299	\$3,188.00	198		\$2,174.00	
2X-4X T-SHIRTS		141	\$1,768.00	78		\$910.00	
SMALL-XL L/S TEES		120	\$1,488.00	56		\$461.00	
2X-4X L/S TEES		35	\$528.00	9		\$146.00	
SMALL-XL HOODIES		55	\$1,045.00	46		\$782.00	
2X HOODIE		17	\$355.00	25		\$530.00	
ZIP HOODIE		8	\$240.00				
SMALL-XL CREW SWEAT		14	\$247.00	9		\$127.00	
2X CREW SWEAT		7	\$156.00	3		\$54.00	
30 OZ. MUGS		106	\$1,129.38	12		\$336.00	
SHOOTING ACCESSORIES		353	\$3,729.24	25		\$200.53	
WATER BOTTLES		387	\$389.61				
DRINKS		2,845	\$2,674.30				
BEANIES		27	\$291.00				
TOTAL RETAIL SALES			\$26,530.03			\$14,481.67	
<u>DONATIONS</u>		46	\$469.00	2		\$54.00	
<u>GIFT CARDS</u>		122	\$4,425.16	91		\$2,757.86	
TOTAL REVENUE			\$243,708.40			\$228,910.95	
TOTAL COMPLIMENTARY/RAINCHECK:		406		382			
TOTAL ID CARDS ISSUED:		5,687		6,665			

1. ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? UNLIMITED? X

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE: 04/01/13

3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y/N) N

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y/N) EFF. DATE:

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.

CHECK IF APPROPRIATE

ANY AUTO (SYMBOL 1)	CGL - CLAIMS MADE	CGL - OCCURRENCE	EXPOSURE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
X				CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)	
				EMPLOYEE BENEFIT LIABILITY		VENDORS LIABILITY	
				FOREIGN LIABILITY / TRAVEL		WATERCRAFT LIABILITY	
				GARAGEKEEPERS LIABILITY			
				INCIDENTAL MEDICAL MALPRACTICE			
				AIRCRAFT LIABILITY			
				AIRCRAFT PASSENGER LIABILITY			
				ADDITIONAL INTERESTS			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS: e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required

PREVIOUS EXPERIENCE: GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required

CARE, CUSTODY, CONTROL

NO SUCH CLAIMS

LOC	PROPERTY TYPE	VALUE	A	B	C	D	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

APPLICANT: (A) IS HELD HARMLESS IN THE LEASE, (B) HAS A WAIVER OF SUBROGATION, (C) IS A NAMED INSURED IN THE FIRE POLICY, (D) OTHER (specify)

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
LIGHT TRUCKS							
MEDIUM TRUCKS							
TRUCKS / EX HEAVY							
TRACTORS / EX HEAVY							
BUSES							

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: CLEVE-1

OP ID: BC

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		Y/N
ADVERTISERS LIABILITY		
1. MEDIA USED: ANNUAL COST: \$ <u>N</u>		<u>N</u>
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?		<u>N</u>
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?		<u>N</u>
AIRCRAFT LIABILITY		
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?		<u>N</u>
AUTO LIABILITY		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?		<u>N</u>
6. ARE PASSENGERS CARRIED FOR A FEE?		<u>N</u>
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		<u>N</u>
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?		<u>N</u>
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?		<u>N</u>
CONTRACTORS LIABILITY		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?		<u>N</u>
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		<u>N</u>
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		<u>N</u>
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?		<u>N</u>
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?		<u>N</u>
EMPLOYERS LIABILITY		
15. IS APPLICANT SELF-INSURED IN ANY STATE?		<u>N</u>
16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:		
INCIDENTAL MALPRACTICE LIABILITY		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		<u>N</u>
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?		<u>N</u>
19. INDICATE # OF DOCTORS: _____ NURSES: _____ BEDS: _____		

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Footfalls Public Shooting Complex of Cleveland County
New venture

28		LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS
27		LOC #	# OWNED	LENGTH	HORSEPOWER	
26		LOC #	# OWNED	LENGTH	HORSEPOWER	
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ 88,000						
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)						
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)						
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?						
21. INDICATE THE COVERAGES CARRIED:						
		<input checked="" type="checkbox"/>	GL WITH STANDARD ISO POLLUTION EXCLUSION			
		<input type="checkbox"/>	GL WITH STANDARD SUDEN & ACCIDENTAL ONLY			
		<input type="checkbox"/>	SEPARATE POLLUTION COVERAGE			
		<input type="checkbox"/>	GL WITH POLLUTION COVERAGE ENDORSEMENT			
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?						
EPA #:						
POLLUTION LIABILITY						
EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED						

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Empty box for additional remarks.

SIGNATURE

10/9/19

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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.

IN FLORIDA, 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 OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____
* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. [] (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. [] (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. [] (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. [] (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: MEDICAL PAYMENTS COVERAGE [] IS [] IS NOT AVAILABLE.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE: Everette Arnold, DATE: 10/8/19, STATE PRODUCER LICENSE NO. (Required in Florida)

