



Gun Store/Gunsmith Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

Section 1: General Information

How did you hear about us?

Name of Insured:

DOB:

FEIN/SS#:

Contact Name:

Mailing Address:

City:

State:

Zip:

Location Address:

City:

State:

Zip:

Phone Number:

Fax Number:

Website:

Desired Effective Date:

Business Form: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other:

Limit of Liability offered: ☐ \$1,000,000 Occurrence

1. Do you operate any other businesses from this location? ☐ Yes ☐ No

If yes, type of entity: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other:

Description and name of other business:

Do you have separate insurance for this business? ☐ Yes ☐ No

Section 2: Management

1. Years in business:

2. Years at location:

3. Are there written safety policies, procedures, or rules for staff/employees and/or shooters?
☐ Yes ☐ No

4. Does range have a public address system that all shooters can hear? ☐ Yes ☐ No

5. Are first aid kits located on each range? ☐ Yes ☐ No

6. Number of employees with medic first aid certification:



Gun Store/Gunsmith Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Section 2: Management (Continued)

7. What is the distance to the nearest EMS? Miles
8. Will any tournaments of "Spectator Special Events" be held this year? ☐ Yes ☐ No
- If yes, describe:
9. Have you ever been fined by or had your FFL suspended/revoked by the ATF for any violation? ☐ Yes ☐ No
- If yes, explain:

Section 3: Retail Operations ☐ N/A

1. Estimated gross revenue for the next 12 months:

Wholesale of Distributor of:

Firearms:

Ammunition:

All other products: (please describe)

Outdoor firearms ranges:

Indoor firearms ranges:

Outdoor archery ranges:

Indoor archery ranges:

Skeet, trap and sporting clays:

Gun smithing: (if yes, please provide the following)

Number of gunsmiths:

Total payroll for gun smithing:

Describe services offered:

Do you use the services of an independent gunsmith? ☐ Yes ☐ No

If yes, does the gunsmith have liability insurance? ☐ Yes ☐ No

If yes, please attach a certificate of insurance with this application

Ammunition with your label not manufactured by you:

Manufacturing of reloaded ammunition:



Gun Store/Gunsmith Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Section 3: Retail Operations

☐ N/A

Bullet manufacturing:

Sales of sporting goods:

Mail order, sales:

(If yes, please provide a copy of your catalog or describe items sold):

Internet sales:

(If yes, please provide a copy of your catalog or describe items sold):

Sale of items at gun shows:

Firearms instruction:

Hunting preserve:

Other, please describe:

2. Are all of your firearm products purchased from US manufacturers or distributors? ☐ Yes ☐ No

If no, % are directly imported by you from a foreign company

% are directly imported by you from a foreign wholesaler/distributor

If no, and you are a direct importer, are you named on a foreign manufacturer's insurance policy for vendors liability coverage? ☐ Yes ☐ No **If yes, please provide a copy of the endorsement.**

If you are a wholesaler or distributor, are you named on a US or foreign manufacturer's or importer's insurance policy for vendor's liability coverage? ☐ Yes ☐ No

If yes, please provide a copy of the endorsement.

3. What is the total value of retail inventory:

4. What is the total value of firearms inventory:

5. Provide the average number of guns in your inventory for the types listed below:

| New | Number of Items | Used or Consignment | Number of Items |
|----------------|-----------------|---------------------|-----------------|
| Total | | Total | |
| Rifles | | Rifles | |
| Shotguns | | Shotguns | |
| Muzzle Loaders | | Muzzle Loaders | |
| Handguns | | Handguns | |



Gun Store/Gunsmith Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Section 3: Retail Operations (Continued)

☐ N/A

6. Do you carry black powder? ☐ Yes ☐ No

If yes, what amount (estimated in pounds) of black powder is in display:

If yes, is storage/handling in compliance with applicable federal, state and local regulations?

☐ Yes ☐ No

Describe how you store your stock of black powder that is not displayed (including types of magazines and/or containers): **Note: Safes are not acceptable.**

7. How much smokeless powder do you display: lbs.

How do you store the remainder of the smokeless powder that is not displayed:

8. Has your local fire department approved your storage of black and/or smokeless powder?

☐ Yes ☐ No **(Attach written approval, if available)**

9. Do you sell or provide hand loaded ammunition? ☐ Yes ☐ No

10. Do you sell FULLY automatic weapons? ☐ Yes ☐ No

11. Have you and your employees read and understand Form 4473, as well as all other federal and local laws concerning the sale of firearms, ammunition, black and smokeless powder?

☐ Yes ☐ No (If no, it is **imperative** that you and your employees do so.)

12. Have employees been trained in the detection of Straw Sales? ☐ Yes ☐ No

(Don't Lie for the Other Guy)

13. Do you conduct background checks on all new employees? ☐ Yes ☐ No

14. Do you have pawn operations? ☐ Yes ☐ No

15. Do you participate in ammunition manufacturing, importing or reloading operations?

☐ Yes ☐ No

16. Do you attend gun shows? ☐ Yes ☐ No

Section 4: Property Section, Location Information

☐ N/A

1. Is the building: ☐ Owned ☐ Leased

Please review the building security measures listed below.

Fire Alarm: ☐ Yes ☐ No | ☐ Central ☐ Local

Burglar Alarm: ☐ Yes ☐ No | ☐ Central ☐ Local

Is the alarm UL listed or approved? ☐ Yes ☐ No

Smoke Detectors: ☐ Battery ☐ Hardwired

Doors are: ☐ Metal ☐ Glass ☐ Frame



Gun Store/Gunsmith Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Section 4: Property Section , Location Information (Continued)

☐ N/A

3. Do windows and glass doors have metal bars? ☐ Yes ☐ No

4. Do you have a gun safe? ☐ Yes ☐ No

If yes, describe the manufacturer, type, class (listed on the label on safe door:)

5. Describe other protection: (safe, dead bolt locks, metal bars, crash barriers in front of building, fire extinguishers, etc.)

6. If your building is more than 10 years old, what year was the last time wiring, plumbing and heating / AC were updated and / or serviced?

7. Does the building have other occupancies? ☐ Yes ☐ No

If yes, describe:

8. Are there any additional locations to be covered? ☐ Yes ☐ No

If yes, provide complete address and describe:

9. Are all activities and locations to be covered in full compliance with applicable federal, state and local regulations? ☐ Yes ☐ No

10. Is the building within the city limits? ☐ Yes ☐ No

11. Is the building 100% sprinklered? ☐ Yes ☐ No

12. What is the distance to the nearest fire hydrant:

13. Do you have power generating equipment? ☐ Yes ☐ No

If yes, is it 100% for emergency use only? ☐ Yes ☐ No

List the size of each unit (in HP and KW):

Section 5: Gunsmith Operations

1. Do you use the services of any gunsmiths who are not your employees? ☐ Yes ☐ No

If yes, please attach a certificate of insurance for each gunsmith used.

2. Complete the following for each employed Gunsmith, including you:

Name:

Yrs. Exp.

Special Training:



Gun Store/Gunsmith Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Section 5: Gunsmith Operations (Continued)

| | | |
|-------|-----------|-------------------|
| Name: | Yrs. Exp. | Special Training: |
| Name: | Yrs. Exp. | Special Training: |
| Name: | Yrs. Exp. | Special Training: |
| Name: | Yrs. Exp. | Special Training: |

3. List the specific services that you perform: **(Attach a copy of your service price list, showing the specific services you provide.)**

Do you alter firearms from the original factory specification? ☐ Yes ☐ No

If yes, please provide the following:

| | |
|-------------------------------------|---|
| Number of units assembled per year: | # of actions/receivers supplied by you: |
|-------------------------------------|---|

of actions/receivers supplied by the customer:

Do you manufacture the receiver? ☐ Yes ☐ No

If no, indicate the actual manufacturer of the receiver:

| | |
|---|---|
| Do you pay any Federal Excise Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you put a serial # on firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

Are the actions/receivers utilized new or used: ☐ New ☐ Used ☐ Both

Does your name appear anywhere on the firearm? ☐ Yes ☐ No

If yes, please describe:

Are the actions/receivers thoroughly checked prior to assembly? ☐ Yes ☐ No

Do you test the firearms after assembly? ☐ Yes ☐ No

Do you provide an owner's manual, handling, or safety instructions? ☐ Yes ☐ No

Section 6: Range Operations

☐ N/A

| | |
|--|---|
| 1. Archery range? <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Firearms range? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

3. Is the range in compliance with any recognized standards? (ie. AAC, NFAA, etc) ☐ Yes ☐ No

4. Does the range have any age restrictions? ☐ Yes ☐ No

If yes describe:



Gun Store/Gunsmith Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

| Section 6: Range Operations (Continue) | | <input type="checkbox"/> N/A |
|---|---|------------------------------|
| 5. Does the range have any league or competitive shooting? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, describe: | | |
| 6. Indoor Range? <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Lanes/Stations: | |
| 7. Outdoor Range? <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Lanes/Stations: | |
| 8. Field Range? <input type="checkbox"/> Yes <input type="checkbox"/> No | Dimensions of Total Range: | |
| Maximum Distance Shot: | 9. Is club membership required? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Is a questionnaire used to obtain information on the shooter's name, age, health or shooting experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy. | | |
| 11. Are shooters required to sign liability waivers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy. | | |
| 12. Are shooter-owned firearms inspected at check in? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, by whom: | | |
| 13. Are eye and ear protection mandatory? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 14. Is a supervisor on duty at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 15. Number of range supervisors: | | |
| 16. Number of range supervisors with NRA Instructor certification: | | |
| 17. Number of range supervisors with NRA Instructor equivalent certificate: | | |
| Type of certification: | | |
| 18. Is the range visible from the retail section? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 19. Do you have written rules? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are rules prominently displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are these rules discussed with shooters before they shoot? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 20. Do you provide lessons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide qualifications of instructors: | | |
| 21. Do you provide rental or loaner bows? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please continue to next page



Gun Store/Gunsmith Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Section 7: Loss History

| Date | Description of Incident | Amount Paid/Reserved |
|------|-------------------------|----------------------|
| | | |
| | | |
| | | |

1. Do you have knowledge of any incident which may lead to a claim? ☐ Yes ☐ No

If yes, describe:

Section 8: Prior Carrier Information

| | Insurance Carrier | Limits of Liability | Premium |
|-----------------|-------------------|---------------------|---------|
| Last Year | | \$ | \$ |
| Two Years Ago | | \$ | \$ |
| Three Years Ago | | \$ | \$ |

Section 9: Additional Insureds

| Name | Complete Address | Interest |
|------|------------------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |

Section 10: Winter Weather Freeze-up Protection

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

1. Fire Protection and Testing

a. Is the building provided with an Automatic Fire Sprinkler System (AS)? ☐ Yes ☐ No ☐ N/A

i. If yes, approximately what percentage (%) of the building is sprinklered? %

Section 10: Winter Weather Freeze-up Protection (Continued)

ii. If yes, what type of sprinkler system is installed? ☐ Wet-Pipe ☐ Dry-Pipe ☐ Both

iii. If yes, when possible is the sprinkler piping primarily run within conditioned areas, designed to ensure the temperature remains above the 45 degree F minimum temperature? ☐ Yes ☐ No

If no, please describe freeze prevention measures (eg. temperature monitoring, heat trace, full insulation on piping or roof:

iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? ☐ Yes ☐ No ☐ N/A

v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? ☐ Yes ☐ No ☐ N/A

2. Emergency Water Response (domestic and AS water lines)

a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?

☐ Yes ☐ No ☐ N/A

b. Are water shutoff valves exercised (closed and reopened) at least annually?

☐ Yes ☐ No ☐ N/A

c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? ☐ Yes ☐ No ☐ N/A

3. Automatic Water Shutoff Devices: For domestic water lines, is there a water flow detection, notification and automatic shutoff? ☐ Yes ☐ No ☐ N/A

4. Unused/Vacant Spaces: Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? ☐ Yes ☐ No ☐ N/A

5. Unheated Areas (attics, crawl spaces, exterior wall joists): Are all domestic water lines location in areas heated to at least 45 degree F? ☐ Yes ☐ No ☐ N/A

If no, please describe freeze prevention measures(e.g. temperature monitoring, heat trace, full installation



Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Section 11: Cyber Liability

1. Do you process payment cards? ☐ Yes ☐ No

2. Estimated annual number of payment card transactions

Section 12: Warranty

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Section 13: Signature

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:



FRAUD NOTICE

GENERAL STATEMENT: 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)

APPLICABLE IN COLORADO: 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 policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE 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.

APPLICABLE IN FLORDIA: 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.

APPLICABLE IN HAWAII: 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.

APPLICABLE 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.

APPLICABLE 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.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: 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 deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: 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.

APPLICABLE 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.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: