



BURR AND COMPANY

# BUSINESS INSURANCE APPLICATION

## ARCHERY INDUSTRY - RETAIL / WHOLESALE

*Insurance Solutions Since 1972*

Named Insured: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Contact Name: \_\_\_\_\_

Township & County: \_\_\_\_\_ Email: \_\_\_\_\_

**(It is important that you show both)**

FEIN: \_\_\_\_\_

Expiration Date of Current Policy: \_\_\_\_\_ Website: \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_

1st Prior Year: \_\_\_\_\_ Current Policy Limit: \$ \_\_\_\_\_ Occurrence

2nd Prior Year: \_\_\_\_\_ \$ \_\_\_\_\_ Aggregate

3rd Prior Year: \_\_\_\_\_ Current Premium or Rate: \$ \_\_\_\_\_

Current Deductible: \$ \_\_\_\_\_

Individual  Partnership  Corporation  Other (Describe): \_\_\_\_\_

How many years have you been in business under the present name? \_\_\_\_\_

### RISK INFORMATION

Description of Operations (Include comments on bow repair, storage, guns): \_\_\_\_\_

Have any of the principals ever engaged in this or similar enterprises under a different name?  Yes  No  
If Yes, attach details.

Do you operate any business or own any property other than the described premises?  Yes  No  
If Yes, describe. \_\_\_\_\_

Is your business located in your home?  Yes  No

Do you have an indoor range?  Yes  No Outdoor range?  Yes  No

### BUILDING INFORMATION

Address of building if different than mailing address above: Street \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Type of Construction:  Frame  Cement Block  Pole Barn Type Type of Roof: \_\_\_\_\_

Year Built \_\_\_\_\_ No. of Stories \_\_\_\_\_

Space Occupied (sq. ft.) \_\_\_\_\_ Total Building Square Feet \_\_\_\_\_

Is building equipped with Alarms:  Burglary  Fire  None

Is building equipped with a fire sprinkler system?  Yes  No

### UPDATES TO BUILDING AND UTILITIES

Have the following been updated, and what years were they updated?

Electrical  Yes  No Year updated: \_\_\_\_\_

Heating  Yes  No Year updated: \_\_\_\_\_

Plumbing  Yes  No Year updated: \_\_\_\_\_

Roof  Yes  No Year updated: \_\_\_\_\_

**AMOUNT OF INSURANCE**

Building \$ \_\_\_\_\_ Contents (Personal Property/Inventory) \$ \_\_\_\_\_

Personal Property of Others \$ \_\_\_\_\_

Deductible Options:  \$250  \$500  \$1,000  \$2,500

Estimated Gross Sales: Retail \$ \_\_\_\_\_ Indoor Range \$ \_\_\_\_\_ Outdoor Range \$ \_\_\_\_\_

What limits of liability coverage do you require?

LIABILITY COVERAGE	LIMITS OF COVERAGE
1. General Aggregate	\$
2. Products & Complete Operations Aggregate	\$
3. Personal & Advertising Injury	\$
4. Each Occurrence	\$
5. Fire Damage (Any One Fire)	\$
6. Medical Expense (Any One Person)	\$

FOR PRODUCTS

LIABILITY COMPLETE

ITEMS 2 & 4 ONLY.

What deductible (SIR) do you require for Bodily Injury / Property Damage Per Occurrence?

\_\_\_\_\_

What past and present deductibles have applied?

\_\_\_\_\_

**LOSS HISTORY:**

List all losses for the last five years. If no losses, enter NONE in date column.

TYPE OF LOSS	DATE OF LOSS	AMOUNT	OPEN (O) CLOSED (C)	DESCRIPTION



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# BUSINESS INSURANCE APPLICATION ADDENDUM

Are you a member of ATA?  Yes  No

What other organizations are you a member of? \_\_\_\_\_

What is the municipal town grading at your location? \_\_\_\_\_

(It is on a scale of 1 to 10 if you don't know call your local fire department chief or local insurance agent.)

Do you own the building?  Yes  No

Do you lease the building?  Yes  No

Do you require plate glass coverage? If yes, we need the number of panes and their dimensions including glass doors.

Fire Alarms?  Yes\*  No Central Station  Local

Burglar Alarm?  Yes\*  No Central Station  Local

Are Smoke detectors present?  Yes  No

\*attach Alarm Company Certificate to this application.

Describe other protection (safe, dead bolts, metal bars, crash barriers at front and back doors, fire extinguishers):

Are surge protectors in place for all electrical equipment?  Yes  No

Are there two means of exit on each floor?  Yes  No

If there is an indoor range with an exit door by the target butts, is there are panic bar on the inside and is door inaccessible from the outside?  Yes  No

Do you sell firearms?  Yes  No If yes how much? \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Sales Value

Are you or any employees certified instructors?  Yes  No

if yes through what organization and what level are you? Level: \_\_\_\_\_

Organizations: \_\_\_\_\_

Do you need an Exhibition Floater on your property?  Yes  No

If yes what limit do you require? \$ \_\_\_\_\_

How many trade shows do you attend annually? \_\_\_\_\_

What States? \_\_\_\_\_ What months? \_\_\_\_\_

NOTE: THERE IS A LOCKED VEHICLE REQUIREMENT. IF YOU HAVE THEFT FROM YOUR VEHICLE OR TRAILER AND IT CAN BE DETERMINED THAT IT WASN'T LOCKED, I.E. NO FORCEABLE ENTRY, COVERAGE IS VOID.

Our standard policy **does not** provide flood coverage. Would you like a Flood Insurance quote?  Yes  No

GO TO THE BURR & COMPANY WEBSITE AT WWW.BURRCOMPANY.COM FOR OUR RETAIL SHOP LOSS PREVENTION GUIDE.

Applicant \_\_\_\_\_ Date: \_\_\_\_\_

## FRAUD STATEMENTS

### 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, MA, 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 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.

### 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 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 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Please mail, email or fax your completed Liability Application to:



BURR AND COMPANY

ATTN: JEFFREY A. DEREGNAUCOURT, ARM  
ATRIUM BUILDING, SUITE G-19  
3351 CLAYSTONE, S.E.  
GRAND RAPIDS, MICHIGAN 49546-5781  
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INSURANCE PROGRAMS FOR THE ARCHERY INDUSTRY