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Reenactment Clubs General Liability Insurance Application

Club Name
Club Address
City
State, Zip
Telephone Number
Email
Contact Person
Fax

For Internal Use Only
Account #:
App Date:
Target \$:
Indication? Yes No
Need by:
Rep:

Is electronic delivery of policy documents acceptable? Yes No, please mail me a paper copy of my policy documents.

GENERAL INFORMATION

Total Number of Locations: Year Chartered: NRA Club Affiliation #:
Affiliation Expiration Date: Current Number of Members: FEIN #:
Percentage of club members that are also NRA members in good standing: less than 50% 50% or more
Please check one: For Profit Organization Not for Profit Organization
Does your club own property other than land? Yes No
Please detail the activities or functions of your organization or club. Reference the reenactment period that your group portrays.

Please list below all anticipated events (reenactments, rendezvous, living history encampments, etc) that will be sponsored, managed or run by your club during the next 12 months (attach an additional page if needed).

Table with 4 columns: Start & End Dates, Est. Daily Attendance, Location Held, Event Description

Does your club charge a fee for performances? Yes No If yes, Annual Gross Receipts: \$
Does your club have food vending at these events? Yes No If yes, Annual Food Gross Income: \$
Does your club conduct any other type of business? Yes No
If yes, please describe and provide payroll or receipts:

Does your club follow all local, state and federal laws? Yes No
Does your club follow approved safety procedures? Yes No
Does your club provide a designated area for spectators? Yes No
Does your club allow other exhibitors or vendors to operate at your events? Yes No
If yes, please describe:

(Evidence of insurance from the exhibitors or vendors will be required.)



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Please check all activities that apply:

- Used by Reenactors: Powder, Blank discharges, Live loaded firearms, Loaded magazines, clips or rounds, Reloaded ammunition, Horseback riding, Cannons, Armed or armored vehicles, such as tanks, Semi- or fully automatic firearms. Sales to Public or other Reenactors: Powder, Ammunition, Firearms, Display or sales of illegal firearms or ammunition, Alcoholic beverages, whether sold, served or brought in by others. Other Activities: Firing of firearms, Gunsmithing or repair, Rental of firearms, Horseback riding - by other than reenactors, Concealed firearms (with or without permit) other than law enforcement.

SCHEDULE OF LOCATIONS

List of all locations: (If no physical street address is available, please include either a map of the local area detailing each location, or directions from a local landmark, or the legal description filed with the local courthouse)

Location #: _____ Street _____ City _____ County _____ State _____ Zip _____

Or legal description filed with the local courthouse: _____

Description of Use: _____ Owned Leased Land Only Building Occupied
If the building is leased, are you required to carry building insurance? Yes No

Location #: _____ Street _____ City _____ County _____ State _____ Zip _____

Or legal description filed with the local courthouse: _____

Description of Use: _____ Owned Leased Land Only Building Occupied
If the building is leased, are you required to carry building insurance? Yes No

Location #: _____ Street _____ City _____ County _____ State _____ Zip _____

Or legal description filed with the local courthouse: _____

Description of Use: _____ Owned Leased Land Only Building Occupied
If the building is leased, are you required to carry building insurance? Yes No

SCHEDULE OF ADDITIONAL INSUREDS

Location #: _____ Name: _____ Issue Cert

Mailing Address: _____ Street _____ City _____ County _____ State _____ Zip _____

Type & Description of Interest: _____

Location #: _____ Name: _____ Issue Cert

Mailing Address: _____ Street _____ City _____ County _____ State _____ Zip _____

Type & Description of Interest: _____



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GENERAL OPERATIONS

Do any club activities include shooting over a body of water? Yes No

Would you like a quotation for general liability coverage for gun shows you sponsor or promote? Yes No

(If yes, please include a list of all gun shows planned for the next twelve months including name, location & date. A Client Solutions Representative will call you for additional information.)

For all past or present operations, please explain any "Yes" responses below:

Are any medical facilities provided or medical professionals employed or contracted? Yes No

Are any watercraft, docks or floats owned, hired or leased? Yes No

Are any recreation facilities, including a swimming pool, provided? Yes No

Are sporting or social events sponsored other than routine club functions? Yes No

Does your club sponsor or participate in carnivals, fairs, rodeos, rock concerts, motorized racing, wrestling or boxing matches? (Supplement) Yes No

Is the applicant a subsidiary of another company or own any subsidiaries? Yes No

Does your club own property other than land? Yes No

If you own a building, is it rented to others for special events? Yes No

If yes, list nature of events (wedding, dances, etc): _____

Please explain any "Yes" responses from above: _____

LOSSES None

Describe any losses in the last four years whether insured or not, including date of loss:

Prior carrier information Not Available

| Name of Carrier | Line of Business | Period of Coverage | Expiring Premium |
|-----------------|------------------|--------------------|------------------|
| | | | |
| | | | |



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RATING INFORMATION

Desired Effective Date: _____ (may not be prior to date of receipt of this application)

Select General Liability Combined Single Limit Below: *Florida residents – call your representative for pricing*

Table with 7 columns: Liability Limit*, # of Participants, Rate, Premium Payment, Minimum Premium. Rows include \$1,000,000, \$500,000, \$300,000, and \$100,000 with corresponding rates and minimum premiums.

*The limit of liability provided by the policy is inclusive of all costs and expenses including defense costs associated with any claim(s) made against you.

If you want an additional insured to be covered, subtract 1 from the number of certificates to be issued and then multiply this amount by \$25. Please list these additional insureds on page 2 of this application in the space provided.

Number of Additional Insureds -1 x \$25 = \$

CALCULATE YOUR PREMIUM COST

Club Liability Premium \$
Additional Insured Coverage + \$
Sub Total = \$ Sub Total

Optional Certified Acts of Terrorism Coverage

- I hereby elect to purchase coverage for acts of terrorism
I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage losses arising from acts of terrorism.

(Refer to enclosed notice LMA9104 for additional information)

Sub Total x 5%
(Subject to \$100 minimum additional charge. Enter \$0 if you elect to have coverage excluded)

+ \$

Total Annual Premium

= \$

NRA New Member Dues (Add \$40 if your club does not have a current NRA Affiliation #)

+ \$

Nonrefundable Program Administrator Service Charge (Add \$35 in FL; \$50 in MI; \$70 All other States)

+ \$

State Tax (see chart and instructions on next page)

+ \$

TOTAL AMOUNT DUE

= \$

(Add: Total Annual Premium + NRA New Member Dues (if applicable) + Program Administrator Service Charge + State Tax)

Note: Premium is fully earned at Policy Inception

SIGN & DATE

This is an application for insurance. This is not a binder of insurance.

With your signature below and the payment of premium, you acknowledge your approval of the placement of your insurance coverage with the insurance company(ies) shown below and your understanding that the current A.M. Best Rating of each such company is as shown below. Lockton Affinity, LLC has not performed an independent analysis and as such, cannot guarantee or make any representations in regard to, and expressly disclaims responsibility for, the financial condition of any insurance companies with which we place business.

With the signature below and by submission of an order to bind coverage, Client consents and agrees to Lockton's ability to receive the compensation outlined in the attached Services and Compensation Summary under all circumstances. Client understands that this consent and agreement shall continue and apply to each renewal upon payment by Client of a renewal invoice which will disclose any charges applicable to that renewal

This is an application for General Liability Insurance Coverage Only. Other Types of Insurance are available such as Auto, Property, Crime and Workers Compensation Insurance. We recommend you review all your insurance needs. Please contact your Client Solutions Representative if you are interested in a quotation for additional coverages or limits.

Please refer to the policies for complete terms, conditions, limitations, definitions, and exclusions that will apply in the event of a loss. A specimen copy of policy forms is available upon request. If there is any conflict between the policy and the descriptions of coverage provided herein, the provisions of your policy shall prevail. With the signature below you acknowledge that you have read and understand the various terms, conditions, notices and advisories of this application.

Insurance Carrier: Certain Underwriters at Lloyd's, London A.M. Best Rating: "A" - Excellent

Signature X Date X

Signature Authorized Representative



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STATE TAX - To determine the tax amount:

For the states of AK, CA, CT, HI, IL, MA, MD, MI, MT, NC, NH, NJ, NY, OH, PA, SD and VT, multiply the SUM of the Total Annual Premium and NRA New Member Dues (if applicable) by the percentage below. Then add any additional state fees indicated below for your state.

For all other states, multiply the SUM of the Total Annual Premium, NRA New Member Dues (if applicable) and the Program Administrator Service Charge by the percentage below. Then add any additional state fees indicated below for your state.

Table with 9 columns listing state abbreviations and their corresponding tax percentages. Includes a note: *Additional State Fees - Please add to Total above: OR - \$15; PA - \$20

Program Administered by Lockton Affinity, LLC

Send completed form to:

Lockton Affinity
P.O. Box 874952
Kansas City, MO 64187-4952

Phone: 1-877-487-5407
Fax: 1-913-652-7599
NRAClub@LocktonAffinity.com

COMERCIAL GENERAL LIABILITY COVERAGE

- Bodily Injury and Property Damage Liability Coverage
Personal Injury and Advertising Injury Liability Coverage
Products / Completed Operations Coverage
Host Liquor Liability Coverage
Hired and Non-Owned Auto Liability Coverage
Medical Expense Coverage - \$5,000 per person, coverage includes club members
Executive officers & directors are insureds for their duties as such for Bodily Injury and Property Damage Liability
Employees are insureds for their duties as such
Club members are insureds with respect to liability arising from your club activities.
Volunteer Workers are insureds for liability while performing duties required for the club's activities
Property Damage includes loss of use for damaged property
Upon request, State Associations may be included as insureds with respect to liability arising from your club activities.
Upon request, Co-Sponsors may be included as insureds with respect to liability arising from your club activities.
Upon request, Landowners may be included as insureds with respect to liability arising from your club activities.
Defense is inside and subject to the Limits of Insurance
Coverage Territory includes the United States of America, its territories & possessions, Canada and Puerto Rico

This is a convenient coverage summary. Please refer to the actual policies for specific terms, conditions, limitations, and exclusions that will govern in the event of a loss. Specimen copies of all policies are available for review prior to the binding of coverage.

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NOTICE TO APPLICANT FOR INSURANCE FRAUD WARNING

This notice is part of your application for commercial insurance. For your protection various state laws require the following notice:

General Fraud 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 [New York: substantial] civil penalties. (Not applicable in Colorado, the District of Columbia, Florida, Hawaii, Kansas, Massachusetts, Minnesota, Nebraska, Ohio, Oklahoma, Oregon, Vermont or Washington; in Louisiana, Maine, Tennessee and Virginia insurance benefits may also be denied.)

State Specific Fraud Statements

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 is a crime and may subject the person to criminal and civil penalties.

In addition, in **California**, any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

This notice is part of your application for commercial insurance. For your protection **Colorado** law required the following notice: **Fraud Warning** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purposes 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 or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

For your protection **Hawaii** law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

For your protection **Ohio** law required you be informed that any person 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.

For your protection **Oklahoma** law requires the following notice: **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.

For your protection **Rhode Island** law required you be informed that 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.

For your protection, **Utah** law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

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.

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**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, -to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

LMA9104
12 January 2015

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NOTICE TO APPLICANT FOR INSURANCE

SERVICES AND COMPENSATION SUMMARY

- 1) Lockton Affinity, LLC (hereinafter “Lockton”), as the insurance broker/agent and administrator for this program, will receive certain compensation, including standard commission, from an insurer, intermediary or other third party as a result of the sale of insurance to you. In addition, Lockton, in its role as administrator of the program, may charge a Program Administrator Service Charge as listed herein (and as listed in any subsequent renewal invoices) which compensates Lockton for services performed, and related costs incurred, for and on behalf of the program participants. Such services and costs include, but are not limited to, insurance program negotiation, design, support and analysis. This charge is not part of any premium paid to any carrier.
- 2) The compensation received by Lockton may differ depending on the product, insurer, intermediary or other third party.
- 3) Lockton may also receive certain incentive compensation, including contingency payments and bonuses as a result of being the insurance broker/agent for this program, from an insurer, intermediary or other third party based upon factors such as premium volume placed with a particular insurer or through a particular intermediary and loss or claims experience.

By submission of an order to bind coverage and signature of the Request to Bind Coverage Form contained herein, Client consents and agrees to Lockton’s ability to receive the compensation outlined herein under all circumstances. This consent and agreement shall continue and apply to each renewal upon payment by Client of the renewal invoice which will disclose any applicable Program Administrative Service Charge for that renewal.

SERVICES AND COMPENSATION SUMMARY NEW YORK DISCLOSURE

The following disclosure is provided pursuant to Insurance Department Regulation No. 194 (11 NYCRR30.1 et seq.):

Lockton Affinity, LLC (the “producer”) is an insurance producer licensed by the state of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms, and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

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NOTICE TO APPLICANT FOR INSURANCE

SURPLUS LINES/NON-ADMITTED CARRIER

Approved, non-admitted insurance carriers are neither licensed by nor under the supervision of the state department of insurance. If an approved, non-admitted carrier is found insolvent, the State Insurance Guaranty Fund will not respond. Also, all premiums are taxable.

Lockton Affinity, LLC has not performed an independent financial analysis and, as such, cannot guarantee or make any representations in regard to the financial condition of any insurance companies with which we place business.

This application is for coverage provided by approved, **non-admitted** carriers shown below.

Certain Underwriters, Lloyd's of London

Please refer to the signature page of this application for the financial rating designated by **A.M. Best** for each carrier. Please refer to www.ambest.com for a description of A.M. Best Company and its rating methods.