



FIREARMS BUSINESS APPLICATION FOR INSURANCE

This proposal and declaration must be completed and signed in ink and shall form the basis of the contract should a policy be issued, together with any supplementary information which must also be in writing signed by the proposer. A separate Proposal Form must be completed for each premises. All questions must be answered, if the answer to any questions is none, state 'NONE'. The amounts and limits stated below are not to be considered either as increasing or diminishing the amounts for which the Policy is issued. Signing this Form does NOT bind the proposer to complete the insurance.

SECTION 1: GENERAL RISK DETAILS

Renewal Date:

Name of Applicant*:

Doing Business as (if applicable):

If the company names(s) noted above changed within the last 5 years, please state any previous name(s):

Business Type*: Corporation Partnership Individual LLC/Incorporated Other

Please state if you operate any other businesses from this location: (List information for each business on a separate sheet, if applicable)

Full Address*:

Phone Number*:

Email Address*:

Website Address*:

How many years have you been trading/operating in this business*?

How many years have you been trading/operating at your current address*?

NATURE OF OUR BUSINESS (BASED ON SALES)*

Retail Wholesale Manufacturing Other

EMPLOYEES

How many employees do you have*: FULL TIME PART TIME

Do you perform background checks on all NEW employees*? Y N

If you do not perform background checks on all your new employees, please explain why (only answer if you answered no to the question above)

Are there written safety procedures, policies or rules for staff/employees*? Y N

Do you accept and sell consigned inventory*? Y N

What is your estimated gross revenue for the next twelve (12) months*?

Are all activities and locations to be covered in full compliance with applicable federal, provincial and local legislations and all applicable trade licenses held*? Y N

Please provide names of any Associations you are a member of:

If you are not a member of an Association, please provide 2 trade references:

INVENTORY VALUES

Even if you are not insuring the full value of your stock, goods held on consignment and money, you must show the full value in brackets next to the relevant sum insured.

What is the total sum of your retail inventory*?

What is the total sum of your firearms inventory*?

Do you sell any other products not related to hunting, fishing, or sport fishing*? Y N Other

Do you keep records of all sales, purchases and transactions*? Y N

In the event of a loss, are you able to given an itemi ed breakdown of goods damaged or stolen? If No, please clarify.* Y N

Do you keep records of items consigned to you and agree in writing to their value*? Y N Other

LOCATION DETAILS

Security, Fire Protection, and Building Information

Are the premises in good state of repair*? Y N Other

Owned or Leased*? Y N Other

If Owned, Value of the building:

Age of the building (indicate the approximate age if unsure)*

What is the Total sq. footage?

Does your location have a current electrical certificate*? (Confirm that your electrical system is compliant with local by-laws and building codes)

Y N

Confirm all of the following are in good working order and compliant with building and by-law requirements*:

Plumbing is in good working order, and is compliant

HVAC is in good working order, and is compliant

Is the building free from signs of subsidence, landslip, or heave, and has never suffered from these problems*?

Y N Other

Is the geographic area susceptible to earthquakes historically*?

Y N Other

Is the geographic area susceptible to flooding historically*?

Y N Other

Are you in full compliance of Storage and Display RCMP retailer guidelines*?

Y N Other

If Yes, please a copy of your RCMP storage and display regulations:(you may provide a website link to the RCMP storage and display regulations ie: <https://lawslois.justice.gc.ca/eng/regulations/SOR-98-210/FullText.html>) *

Are any contents or stock stored in the basement*? Y N Other

Are there any other tenants in the building*? Y N Other

Is the building occupied at night*? Y N Other

Is the building located in a shopping centre or mall*? Y N

If so, does the shopping centre or mall provide manned 24-hour security*? Y N Other

Are there any vacancies or season closures during off season? (More than two (2) weeks)* Y N Other

Is the building hydrant protected*? Y N Other

Distance to hydrant in m/kms*?

Distance to firehall in m/kms*?

Value of contents (fixtures and fittings including any tenants improvements excluding glass) *

Value of glass fixed in display and other windows and doors of the premises for which you are responsible*:

Value of computers and any other electronic equipment*:

Value of any other contents*:

What material are outer doors made out of*? Does the entrance door have an electronically operated opening?

Is this entrance always used? Is there an air-lock entry system? (Please provide a full description and send photos)

Are all windows barred*? Y N

Are there any skylights, fanlights, or roof openings? If so, are they protected and barred, and/or alarmed*?

Y N Other

Are all keys (including your alarm, safe and vault keys) removed from the premises outside of business hours*?

Y N Other

Give full details of the type of glass in your display windows or showcases

Are display windows and showcases kept permanently locked with the keys removed*?

Y N Other

Are all the display windows and/or outside showcases protected externally by either shutters or by a grille*?

Y N Other

Do any safes have time locks* Y N

Does the safe have an alarm contact*? Y N Other

Is your burglar alarm connected to the police or a central monitoring station*? Y N Other

Do you have a panic button*? Y N Other

Is the alarm system maintained under an annual contract*? Y N Other

Do you have a CCTV system installed*? Y N Other

If yes, is the CCTV system always on*? Y N Other

Is the recording/storage device N Other

Does it record first entry and last exit of the day*? Y N Other

Do you keep recordings for at least 31 days*? Y N Other

Does the premises have a fire alarm*? Y N Other

If yes, is the alarm connected to a central station*? Y N Other

Do you have smoke detectors*? Y N Other

If yes, are the smoke detectors battery operated or hardwired*? Battery Hardwired Other

Do you have a sprinkler system*? Y N Other

If so, please state the type (for example, wet/dry/foam etc.)

Is the roof access to the premises barred or secured*? Barred Secured Other

Are there concrete or metal bollards at the premises*? Concrete Metal None Other

What is the total value of your equipment (all contents usual to your business, except stock)*

Public liability limit for your building* \$1,000,000 \$2,000,000 \$5,000,000 Other

BUSINESS INTERRUPTION COVERAGE

(Optional, skip if you are not interested once you answer the first question)

Would you like business interruption insurance*? Y N

If yes, for what length of time*? 6 Months 12 Months 24 Months Other

If you are renting or leasing, would you like us to cover your rent? If yes, indicate your monthly rent payment

If yes, for what length of time*? 6 Months 12 Months 24 Months Other

Employee infidelity cover - if you require this cover, please state the desired sum insured*.

\$50,000 \$100,000 \$250,000 Not Interested

Please provide total payroll number for all employees annually*

RETAIL OPERATIONS

(Please complete only if you have retail operations)

Total value of inventory you require us to insure:*

All other products we need to insure other than the above (please write detailed description of these products are, and how they are used*:

Do you use the services of an independent gunsmith*? Y N

If yes, does the gunsmith have liability insurance*? Y N

Are all your firearm products purchased from North American manufacturers or distributors*? Y N

Do you have internet sales of firearms or ammunitions*? Y N

Do your operations include any shooting ranges and/or archery ranges*? Y N

If yes, please describe what training is provided to users, including whether a waiver of liability is signed, and agreed to by the user.

RETAIL OPERATIONS

Do you provide firearms instruction*? Y N

If yes, please provide how often and describe what training is offered

Do you sell black powder*? Y N

If yes, what amount, estimated in pounds, of black powder is on display?

If yes, is storage/handling in compliance with applicable federal, provincial and local regulations? Is all the black powder stored in the containers provided by the manufacturer*? Y N

Do you sell smokeless powder*? Y N

If yes, what amount, estimated in pounds of smokeless powder is on display?

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

Do you use/sell any explosive or flammable materials? (Tannerite, flashbangs, pyrotechnics)* Y N
 Do you have any specialist machinery that has a lead time that is greater than three (3) months?* Y N
 Do you require transit coverage for goods being delivered to third parties?* Y N

MANUFACTURING OPERATIONS

(Please complete only if you have manufacturing operations, otherwise move on to the next section)

Please provide a full list of products manufactured, such as bullet manufacturing

Are you involved in manufacturing of reloaded ammunition*? Y N

AMMUNITION MANUFACTURERS

(Please complete only if applicable, other move on to the next section)

What is the total value of the ammunition that you manufacture that you would like us to insure*?

Do you sell or provide hand loaded ammunition*? Y N

Describe testing of incoming raw materials and components* (use N/A if not applicable)

How many years of sales records do you keep?

WHOLESALE OPERATIONS

(Please complete only if you have any wholesale operations, otherwise move on to the next section)

Total value of inventory you require us to insure*:

Total value of firearms inventory you require us to insure*:

Total value of firearms accessories you require us to insure:

Total value of ammunition you require us to insure*:

Total value of all other products not listed above you require us to insure*:

MANUFACTURING OPERATIONS

Please give details of your previous insurer (name of insurance company, policy number, or feel free to upload a copy of your current policy)

What is your current limit of liability*? \$1,000,000 \$2,000,000 \$5,000,000 Other

Have you or anyone insured hereunder sustained any losses during the last five (5) years that would have been covered by this proposed insurance*? Y N

If yes, please also provide details of any actions taken to prevent a reoccurrence:

Do you have knowledge of any incident which may amount to a claim*? Y N

If yes, please describe*:

Have you ever had an insurance proposal declined, cancelled, not renewed or had special terms imposed*? Y N

If yes, please provide details*:

DECLARATIONS

Has any Principal, Director or Business Partner ever been declared bankrupt, and/or had a company go into liquidation or become insolvent*? Y N

Has any Principal, Director or Business Partner ever had any convictions, other than for highway traffic or parking offences*? Y N

If yes, please provide additional information*:

I have read the above and agree that to the best of my knowledge and belief it represents a true and complete statement.

Signature of Proposer: _____

Title: _____

Date: _____



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