

Name of Insured/Area:		
Address:		
Location of Operation:		
Receipts generated: \$		
Is this operation concessioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is other insurance available? *attach Certificate of Insurance	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is area named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are releases signed by all participants? *attach copy of release	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Furnish 5 years loss information, if any:		
What experience does person in charge of operation have?		
Operations/Procedures Manuals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Training Program (including experience and age requirements):		

Type of Shooting	<input type="checkbox"/> Archery	<input type="checkbox"/> Pistol & Rifle	<input type="checkbox"/> Skeet	<input type="checkbox"/> Other
The range is	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor		
Is the range designed to industry recommendations (e.g. NRA, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How is the area behind targets secured to block entrance into firing line?				
What controls are in place to prevent participant from entering line of fire?				
Is there an age restriction for entering the range?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
What is a used for a backstop behind targets?				
Does any shooting take place over water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there a lead control and management program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
What type of shot is allowed (lead, steel, etc)?				
Who provides the shooting equipment?				
For loaned equipment is it inspected prior to each use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How many participants shoot at one time?				
Is the area closed when not supervised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How?				