Destination Resorts & Hotels SHOOTING RANGES



PROGRAM UNDERWRITERS

Name of Insured/Area:				
Address:				
Location of Operation:				
Receipts generated: \$				
Is this operation concessioned?		Yes	No	
Is other insurance available?		Yes*	No	
*attach Certificate of Insurance				
Is area named as Additional Insured?		Yes	No	
Are releases signed by all participants?		Yes*	No	
*attach copy of release				
Furnish 5 years loss information, if any:				
What experience does person in charge of operation have?				
Operations/Procedures Manuals:		Yes	No	
Employee Training Program (including experience and age requirements):				
Type of Shooting	Archery Pistol & Rifle	Skeet	Other	
The range is		lndoor	Outdoor	
Is the range designed to industry recommendations (e.g. NRA, etc)?		Yes	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?		Yes	No	

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What is a used for a backstop behind targets?		
Does any shooting take place over water?	Yes	No
Is there a lead control and management program?	Yes	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?	Yes	No
How many participants shoot at one time?		
Is the area closed when not supervised?	Yes	No
How?		