Community Associations SHOOTING RANGES



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):			
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Type of Shooting	Archery Pistol & Rifle	Skeet	Other
The range is		Indoor	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 ra	nge?	Yes	□No
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?			
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