



UNIVERSAL SHIELD INSURANCE GROUP, INC.



FIREARMS AND SELF DEFENSE INSTRUCTORS' LIABILITY INSURANCE APPLICATION

APPLICANT INFORMATION

First/Last Name: _____

DBA Name: _____

Address: _____

Email: _____

Phone: _____

Year you began operations (yyyy): _____

Do you currently have Instructor Liability Insurance: Yes ____ No ____

QUESTIONS

1) Have you ever had any General Liability or Professional Liability claims or losses arising from your instructor operations?

____ Yes

____ No

2) Select all Professional services that you provide.

____ Concealed Carry certification

____ Firearm marksmanship training for pistol, shotgun, rifle and carbine

____ Firearm function and safety

____ Emergency First Aid

____ Active Shooter Response

____ Unarmed self-defense

____ Force on Force or Simmunition Training

3) Select all certifications that you hold.

____ USCCA Certifications

____ NRA Certifications

____ Military/LEO Certified Firearm Instructor

____ State Certified (DOJ) Instruction

____ Other (Sig Sauer, Gunsite, or similar)

Describe: _____

____ None

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- 4) Do you have any instructor employees or instructor sub-contractors that participate in your training offerings?
 Yes (If yes, please list the instructor's names and certifications below. Attach separate sheet if necessary)
 No

Instructor(s) Name:

Certification(s) held:

- 5) Do you use, or would you use instructors that are not certified in their area of expertise by a nationally recognized training organization? (Excluding any instructor assistants, aids, or helpers working under the supervision of a certified instructor.)
 Yes (If yes, please explain below)
 No

- 6) Do you own or operate a training venue or gun range?
 Yes
 No

- 7) Do you sell guns or ammunition under the same business name as your instructor operations?
 Yes
 No

- 8) What is the annual revenue from your instructor business?
 \$0 - \$75,000
 \$75,001 - \$125,000
 \$125,001 - \$175,000
 \$175,001 and over

- 9) Approximately how many students do you/your organization teach annually?
 0 - 75
 76 - 150
 151 - 500
 501 - 1,000
 1,001 and over

- 10) Check all equipment/items that you provide to class participants.
 Firearms
 Ammunition
 Safety Equipment/Gear
 Food

CERTIFICATION AND SIGNATURE

____(check) Copy of the Notice of Information Practices (privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

_____ (Applicants initials) PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES, YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CORRECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES, PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV.)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Producer's Signature: _____ Date: _____

Producer's Name (please print): _____

Producer's license Number: _____ National Producer Number (NPN): _____

THE APPLICANT DECLARES THAT THE ABOVE STATEMENTS AND REPRESENTATIONS ARE TRUE AND CORRECT AND THAT NO FACTS HAVE BEEN SUPPRESSED OR MISSTATED. THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE, NOR THE APPLICANT TO PURCHASE THIS INSURANCE, BUT ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE PART OF THE POLICY.

Applicant Signature: _____ Date: _____