## CLUB / ASSOCIATION FIREARMS CARRY and / or USE QUESTIONAIRE

If a club or association uses firearms during any activity, this form must be completed, and permission to insure the entity must be pre-approved by insurance company underwriters. The firearms exclusion **may not** be removed from the policy under any circumstances.

## NAME OF CLUB / ORGANIZATION\_\_\_\_\_

1. Explain fully at what types of events or under what circumstances firearms are carried and / or used?

2.	What is the reason for carrying and / or using firearms?
3.	Is club / association or are individual members paid or otherwise compensated for services or activities involving carrying and / or use of firearms? YES NO If "Yes," how or how much \$
	Are those who carry and / or use firearms in compliance with the permit regulations and other firearms laws of your state? YES NO
5.	How many days per year are firearms carried and / or used for club / association activities?
<b>5</b> .	How many members / people / participants carry or use a firearm each day?
<b>'</b> .	Are alcoholic beverages served or sold to spectators or participants during any such events / activities? YES NO If "Yes," by whom and to whom?
5.	Are any of those who carry or use a firearm of minor age? YES NO
۰.	Types of firearms used? Hand Gun Rifle Shotgun Black Powder Disabled stage prop Other
0	. Types of ammunition used: Live rounds Blank Rounds Not Loaded
1	. How are firearms carried? Cased: Scabbard Holster Uncased – In Hand Other
2	. List and fully explain safety procedures taken in relation to carrying and / or use of firearms? (Attach procedure manual page or continue response on backside of this form.)
3	a. Is each member or person who carries a firearm covered by their own personal liability policy and does your organization secure proof of such insurance for each member at least once each year? YES NO

14. Does the organization understand that the liability policy applied for does not insure firearms and / or their use? YES NO

 SIGNATURE\_\_\_\_\_
 DATE\_\_\_\_\_

 SIGNER'S POSITION WITH ORGANIZATION\_\_\_\_\_
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