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Archery, Rifle/Pistol Range, Sporting Clay, Trap & Skeet Supplement

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

General & Safety Information for All Programs

1. What is the age requirement to participate in these activities? _____ None
2. a. Does the applicant provide equipment/firearms/weapons for these activities? Yes No
 b. If yes, please provide details: _____
3. Are alcoholic beverages allowed at any time? Yes No
4. Are there written safety guidelines? Please provide a copy. Yes No
5. Is there an orientation for participants to review the safety rules? Yes No
6. Are safety rules posted? Yes No
7. Is there a maintenance program for equipment/firearms? **Provide a copy.** Yes No
8. How often is equipment/firearms checked? before each use; daily; weekly; other: _____
9. Are all activities supervised by a Range Officer/Captain? Years of experience: _____ Yes No
10. Is hearing and eye protection required by everyone on the shooting range? Yes No
11. How are ranges separated from other activities conducted on premises to ensure safety to others?

12. Is premises secured and locked when not in operation? Yes No

- Archery** No Exposure
1. Is the range indoors? Yes No
 2. What is the backstop material? Foam Cardboard Hay / Straw Other: _____
 3. Is there an archery course? Yes No

- Rifle / Pistol Range** No Exposure
1. Are warning signs such as red & green flags displayed at the entrance of the range to notify others range is in use? Yes No
 2. Are fully automatic firearms allowed? Yes No
 3. Are inexperienced shooters accompanied to the firing position by an experienced shooter? Yes No
 4. When the range is closed: All firearms unloaded Ammunition locked separated from the firearms? Yes No
 5. What is the largest caliber allowed at the range: _____
 6. What is the backstop / berm material? Metal Earth Other: _____
 7. Does the range and backstop meet the NRA specifications for rifle / pistol ranges? Yes No

- Sporting Clay, Trap & Skeet Shooting** No Exposure
1. a. Did the applicant design the course? Yes No
 b. If no, please provide name of person/company that designed the course? _____
 2. How many shooting stations does the course have? _____
 3. How many participants are in each squad? _____
 4. a. Experience of trap personnel: _____ years
 b. Provide a list of trap personnel including name, date of birth, length of experience, and if the individual is an employee or an independent contractor. Provide a certificate of insurance with admitted "A" rated carrier, same general liability limits as applicant for contracted activities.

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.
 This supplement becomes part of your application and must be signed and dated.**

Applicant's Signature _____ Date _____ Agent's Signature _____ Date _____

Agency Name: _____ Agency Phone Number: _____