SASS ENDORSES NEW INSURANCE COMPANY
Both Action and Mounted Shooting Policies Written Directly With Clubs

SASS has endorsed Gillingham & Associates Great Outdoor Insurance Program as a preferred insurance carrier for its Affiliated Clubs Program. The policies, which are written directly with each individual SASS Affiliated Club, will automatically make SASS additionally insured and cover both action and mounted shooting activities regardless of which organization hosts its events.

In order to receive preferred status insurance coverage clubs must be SASS affiliated at the time of application. SASS club affiliation is free.

Gillingham & Associates, Inc. was founded in 1991 as a Managing General Agency based out of Colorado. Recognizing a void in the marketplace for certain segments of the outdoor industry, G&A developed The Great Outdoors Insurance Program (GOIP).

The GOIP was originally designed with an emphasis on Outfitters & Guides general liability, but expanded into multiple classes and lines of coverage—including the shooting sports and equine liability—over time as opportunities presented themselves. Today GOIP is the largest nationwide insurance program for outdoor recreational risks.

To receive preferred status insurance coverage please completely fill out the double sided application and return in the provided envelope to Gillingham & Associates, Inc.

Great Outdoors Insurance Program
Gillingham & Associates, Inc.
8501 Turnpike Drive, Suite 200
Westminster, CO 80031

GILLINGHAM & ASSOCIATES
EXPERT GUIDES FOR SPECIALTY INSURANCE
The Great Outdoors Insurance Program
Single Action Shooting Society® Application

Named Insured: ____________________________
Principal Contact: ____________________________
Mailing Address: ____________________________
Location Address (Important): ____________________________
Phone Number: ____________________________ Fax Number: ____________________________
Effective Date: ____________________________ Email: ____________________________

Business Form: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other
Limit of Liability Requested: ____________________________ ☐ $1,000,000 Occurrence

Is your club affiliated with SASS? ☐ Yes ☐ No
Does your club adhere to all SASS established rules and safety regulations of Cowboy Action Shooting and SASS Mounted Shooting? ☐ Yes ☐ No

Prior Carrier Information

<table>
<thead>
<tr>
<th>Insurance Carrier</th>
<th>Limits of Liability</th>
<th>Premium</th>
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<tr>
<td>Last Year</td>
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<td>Two Years Ago</td>
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<td>Three Years Ago</td>
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Loss History

<table>
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<tr>
<th>Date</th>
<th>Description of Incident</th>
<th>Amount Paid/Reserved</th>
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Do you have knowledge of any incident that may lead to a claim? ☐ Yes ☐ No
If yes, please describe: ____________________________

Additional Insureds If necessary use another sheet of paper.
Name: ____________________________ Complete Address: ____________________________ Interest: ____________________________

Required Attachments
1. The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
2. Three years hard copy Loss Runs, if unavailable, provide a no loss letter signed by the insured.

THIS IS AN APPLICATION FOR INSURANCE
THIS IS NOT A BINDER OF INSURANCE
Please completely fill out application. (Pages 1-2)
Activities Section

☐ Club Members — Number of Members: _____________________________ Notes:

☐ Acreage: Leased — Number of Acres: _____________________________ Notes:

☐ Acreage: Owned — Number of Acres: _____________________________ Notes:

☐ Range/Rifle & Pistol); Indoor — Number of Lanes: _____________________________ Notes:

☐ Range/Rifle & Pistol); Outdoor — Number of Lanes: _____________________________ Notes:

☐ Boats — Number of Boats: _____________________________ Notes:

☐ Clubhouse — Square Feet: _____________________________ Notes:

☐ Lodging — Number of Rooms: _____________________________ Notes:

☐ Liquor Sales — Total Receipts: _____________________________ Notes:

1. Check all that apply to your organization: ☐ For Profit ☐ Not-for-Profit ☐ Open to Public ☐ Private Membership

2. Do you require participants to sign a liability waiver? ☐ Yes ☐ No

3. How many years have you been operating? _____________________________

4. If you are a new venture, how many years of prior experience? _________________

5. Are any operations conducted outside of the United States? ☐ Yes ☐ No

Special Event Section ☐ N/A

Shooting/Special Events are held:

☐ Weekly: _____________________________ ☐ Bi-Weekly: _____________________________ ☐ Monthly: _____________________________

☐ Annually: _____________________________ ☐ Other: _____________________________

Does your club participate in Parades or Exhibitions? ☐ Yes ☐ No If yes, please describe:

Total number of events held annually: _____________________________

Does your club hold or compete in quick draw contests? ☐ Yes ☐ No

Shooting Range Section ☐ N/A

1. Is a rangemaster/supervisor on premise during shooting hours? ☐ Yes ☐ No

2. What is the minimum age of an unsupervised shooter? _____________________________

3. Is the premise secured and locked when not operating? ☐ Yes ☐ No

4. Are range rules and safety guidelines posted in a conspicuous manner? ☐ Yes ☐ No

5. What is the maximum distance of ranges? _____________________________

6. What type and kind of backstop or berm is used? Describe: _____________________________

Equine/Mounted Shooting Section: ☐ N/A

1. What is the maximum number of mounted riders at any one time? _____________________________

2. What is the average number of mounted riders at any one time? _____________________________

3. What is the youngest rider you will allow on a horse? _____________________________

4. Does your club have a Junior Division? ☐ Yes ☐ No

5. Does your club have a Buckaroo Division? ☐ Yes ☐ No

6. Do you ever allow double riding? ☐ Yes ☐ No

7. Are mounted shooting events held in an arena? ☐ Yes ☐ No — If yes, Indoor Arena Outdoor Arena

8. Is live ammunition ever used by a mounted rider? ☐ Yes ☐ No

9. Are spectators kept at a safe distance from equine activities? ☐ Yes ☐ No

10. What percent of your guests ride Western Saddle? % vs. English Saddle? %

Sales and Revenue Section: ☐ N/A

Membership Dues: $ _____________________________ Entry Fees: $ _____________________________

Food Service Operations: $ _____________________________ Other: $ _____________________________

FRAUD PREVENTION - GENERAL WARNING

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the policyholder or claimant. Any person who knowingly provides false, incomplete, or misleading facts or information to an insurance agent or an insurance company in an application for insurance is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information in his or her application for insurance is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO OHIO APPLICANTS: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud an Insurance Company or other person files an application for insurance or statement of claim containing any false, incomplete or misleading information concerning any fact material thereto, commits a fraud.

NOTICE TO TENNESSEE & VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment and denial of insurance benefits.

Please completely fill out application. (Pages 1-2)

Signature: _____________________________ Date: _________________