

Agent Name:
Agent Address:

Contact:
Phone #

Paintball Field/Course Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

GENERAL BUSINESS INFORMATION

1. How long have you been involved with Paintball Operations? _____
2. Experience of management and staff? _____
3. Are you a member of the IPPA (International Paintball Players Association)? Yes No

PHYSICAL DESCRIPTION OF PREMISES

1. Number of Playing Fields Indoor _____ Outdoor _____
2. Total area Square Feet _____ Acres _____
3. Outdoor fields Natural Manmade
4. Description of fields (including terrain, fencing, obstacles etc.). _____
5. Describe any fox holes, rivers, structures, man made props or physical hazards. _____
6. Do you provide transportation to the fields? Yes No
If yes, describe how transported. _____
7. Do employees operate vehicles? Yes No
8. Describe the type of terrain driven on etc. _____
9. How far are fields from public land? _____
10. Are there adequate safeguards to prevent trespassers from inadvertently crossing a field of play? Yes No
If yes, describe. _____
11. Are all field rules posted in conspicuous areas of the premises to ensure players are aware of their limitations? Yes No
12. Are safety zones marked with signs indicating, "no firing allowed"? Yes No

PHYSICAL DESCRIPTION OF PREMISES (Continued)

- 13. How often is the Field inspected for hazardous conditions? _____
- 14. What are the hours of operation? _____ # Days Per Week _____ # Weeks Per Year _____
- 15. Is your facility equipped to allow for night play? Yes No
If yes, describe. _____

OPERATIONS

- 1. Are all players required to wear (mark all that apply)?
Face masks Yes No Approved eye goggles Yes No
Ear protection Yes No Barrel safety plugs Yes No
Protective clothing Yes No Athletic cups Yes No
- 2. Do they have an orientation meeting prior to the start of each game? Yes No
- 3. Is there an audible signal to end each session to ensure all players disengage their weapons? Yes No
- 4. Are players permitted to bring their own equipment to the game? Yes No
If yes, must all equipment meet acceptability standards? Yes No
- 5. What types of weapons are permitted?
 Handgun Rifle style Pump action semi automatic Other _____
- 6. Are all weapons checked with a chronometer and tagged during game registration? Yes No
- 7. Are goggles ANSI approved? Yes No
- 8. Are maintenance schedules kept for all equipment? Yes No
- 9. Are players permitted to set up their own fill stations? Yes No
Do they have a refill station at each field? Yes No
If yes, who is permitted to operate the station and how is it protected? _____

- Amount of CO₂ on site? _____
- 10. Number of players permitted on each field? _____
- 11. Are all players required to wear adequate playing gear/attire? Yes No
- 12. What is the Minimum Age requirement? _____
- 13. Are "Spectators" permitted on the field during play? Yes No
- 14. Is there a "Spectator" area? Yes No
Describe location and protection. _____
- 15. Are referees instructed to stop play in the event of unsafe activities? Yes No
- 16. What are the steps taken in the event a customer violates one or more of the safety regulations? _____

MANAGEMENT

- 1. Is each player required to sign a Waiver of Liability containing a Hold Harmless Agreement? Yes No
- 2. How long are the files maintained? _____
- 3. Do you allow for an ID Card System? Yes No

MISCELLANEOUS

- 1. Do you operate any concessions from the premises? Yes No
If yes, describe. _____
- 2. Do you have a field store? Yes No
If yes, provide details of the type of equipment sold. _____
- 3. Do you sell used, reconditioned or pre-owned equipment? Yes No
- 4. Are all sales on an "as is" basis? Yes No
- 5. Is alcohol permitted on the premises? Yes No
If yes, under what restrictions? _____
- 6. Please provide a breakdown of your sales.
Field Play Equipment: \$ _____
Food or Beverage Sales: \$ _____
Alcohol Sales: \$ _____
Other (Describe): \$ _____

Attach

- A copy of the Waiver of Liability including a Hold Harmless agreement.
- A copy of the List of Rules provided to each player.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature	Date	Applicant's Signature	Date
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IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

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.