

**PAINTBALL SUPPLEMENTAL APPLICATION**

**APPLICANT**

Legal Name of Applicant: \_\_\_\_\_

1) Is this a new operation? Yes  No   
 If yes, please describe owner / operator's industry related experience: \_\_\_\_\_

2) Is the premises leased or owned? Leased  Owned

3) Describe the indoor facility and outdoor field area? \_\_\_\_\_

4) Describe all security measures (perimeter fences, alarm system, cameras, etc.): \_\_\_\_\_

5) Are spectators allowed on the premises? Yes  No

6) Are the playing areas clearly marked and the rules and regulations posted in clear view? Yes  No

7) Is approved Paintball safety eye protection worn by all players during play? Yes  No

8) Describe paintball marking devices used: \_\_\_\_\_

9) Range of velocity of paint pellets: \_\_\_\_\_ (feet per second)

10) Are players allowed to use their own guns and safety equipment? Yes  No   
 If yes, is the equipment safety checked by a staff member prior to use? Yes  No

11) Where are the CO<sub>2</sub> tanks stored and how are they secured? \_\_\_\_\_

12) Gross Receipts – Last Season: \_\_\_\_\_ This Season: \_\_\_\_\_

13) Is the facility open year round? \_\_\_\_\_

14) Estimated TOTAL number of participants for the upcoming season: \_\_\_\_\_

15) Maximum number of participant per game (or allowed on the field) at any one time: \_\_\_\_\_

16) Minimum age allowed to play: \_\_\_\_\_

17) If equipment coverage is required – for what limit and where is the equipment stored when not in use? \_\_\_\_\_

18) Do all participants sign a waiver? Yes  No   
 a. If no, please explain: \_\_\_\_\_  
 b. If yes, please provide a copy for our review. \_\_\_\_\_

**BROKER INFORMATION:**

Brokerage: \_\_\_\_\_ Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE NOTE:**

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes was not provided. The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Email: \_\_\_\_\_