

APPLICATION FOR PAINTBALL PROGRAM

1. Name: _____

2. Mailing Address: _____

(city/province/postal code)

3. Phone Number: Days: _____ Evenings: _____

4. Desired Effective Date: _____

5. Location of Playing Fields (*legal address*): _____

6. Is member owner or lessee of premises? Owner Lessee

7. Is this a new operation? Yes No

8. Number of Field Locations: Indoor: _____ Outdoor: _____

9. Describe paintball marking devices used: _____

10. Are the playing areas clearly marked? Yes No

11. Are you a member of Excalibur League? Yes No

12. Range of velocity of paint pellets: _____ (*ft. per sec.*)

13. Are players allowed to use their own guns? Yes No

Are players allowed to use their own safety equipment? Yes No

14. Where are CO₂ tanks stored? _____

How are they secured? _____

15. Are safety rules and procedures posted on premises? Yes No

Where are they displayed? (*send copy or photo*) : Yes No

16. Does member obtain signed waiver of liability and hold harmless agreement from each player prior to each day's games?

Yes No
(attach copies)

17. Are alcoholic beverages allowed on premises? Yes No

GENERAL INFORMATION

1. What is the total acreage or square feet of your property? _____
Game fields: _____ Public parking: _____
2. SECURITY:
Describe crowd control: _____

Are spectators allowed on premises? Yes No
Describe parking facilities and traffic control? _____

Describe other security measures (including alarm systems): _____

3. Number of Employees: _____
4. Gross receipts from admissions: _____
Last Season: \$ _____ Estimated this Season: \$ _____
5. Head count last season: _____ Estimated this Season: \$ _____
Maximum number of players on field at any one time? _____
6. Do you sell equipment? Yes No Estimated annual sales: \$ _____
7. Do you have a snackbar or restaurant? Yes No
Estimated annual sales: Food: \$ _____ Liquor: \$ _____
8. Prior Insurance Company: _____
9. Policy Number: _____ Premium: \$ _____
10. Date your current insurance policy expires: _____
11. Does your landowner need to be named as additional insured? Yes No
If so, indicate name and address: _____
12. Describe losses last three (3) years (*attach details*) : _____
13. Policy limits desired \$1,000,000.00 \$2,000,000.00
14. Is coverage required on guns & equipment? Yes No
Where kept? _____
How Secured? _____
Total Value? \$ _____

15. Are there owned building(s) to be insured? _____

Full Description: _____

Value: \$ _____

16. Do you rent building(s) used in the operation of this business? _____

Full Description: _____

Value: \$ _____

17. Is Tenant's Legal Liability required? Yes No Limit Required \$ _____

18. Protection: Firehall : _____ # km. Hydrants Yes No

19. Length of season: _____

20. Operating Hours: _____

21. Minimum age required to play: _____

I understand that the following express warranties are conditions upon which this insurance is made.

As such they are made a part of the policy conditions: _____

1. A signed application to play is obtained for each player. (copy attached)
2. Approved Paintball Sports eye protection must be worn by all players during play.
3. All guns must be chronographed. Velocity must be limited to no single shot over 300 (ft. per sec.) for outdoor playing facilities and 250 (ft. per sec.) for indoor playing facilities.
4. Above indicated loss experience is true to the best of my knowledge.

Signature

Title

Date