



[Commercial Lines]
PAINTBALL APPLICATION

PAINTBALL APPLICATION**PART 1 GENERAL INFORMATION**

Broker:		Tel:	
Broker Contact:		Email:	
Name of Insured (Full Legal Name):			
Operating Name (Full Legal Name):			
Mailing Address:		Postal Code:	
Website:	Phone:	Email:	
Desired Effective Date: (MM/DD/YYYY)		Desired Expiry Date: (MM/DD/YYYY)	
Number of years in business:		Years of related experience:	
Previous Insurer:			
Has any Insurer cancelled, declined or refused you coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiring Premium: \$			
If "Yes" to above, please provide details:			

PART 2 LOSS HISTORY

Check here ☐ if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS DD/MM/YY	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Please attach any available insurance company loss reports with this application

PART 3 PLAYING FIELDS

Location of Playing Fields (Legal Address below):			
Mailing Address:		Postal Code:	
Is land leased or owned? <input type="checkbox"/> Leased <input type="checkbox"/> Owned Is it private or commercial? <input type="checkbox"/> Private <input type="checkbox"/> Commercial			
If Landlord is required to be shown as an Additional Insured, please provide Legal Name and Address below			
Operating Name (Full Legal Name):			
Mailing Address:		Postal Code:	
Estimated Gross Receipts: \$	Admissions: \$		
Equipment Sales: \$	Food Sales: \$		

Estimated # of Players Last Season:

This Season:

FIELD INFORMATION:

Total number of Outdoor Fields:

Total Acreage:

Total number of Indoor Fields:

Total Square Feet:

Maximum number of Fields in operation at any one time:

Max. # of Players on Field:

Max. # of Field Referees:

Describe Terrain:

Describe Obstacles:

Type of games played: (i.e. Bushball, Speedball, other):

Are fields surrounded by protective netting? ☐ Yes ☐ No If "No", please explain below:

Do you have your Guests sign a waiver? ☐ Yes ☐ No Please clearly detail your process and procedures for having guests sign waivers, including who is responsible for this:

Please be sure to attach copies of waivers

PART 3 EQUIPMENT AND SAFETY

Types of Marker Devices:

Types of Pellets:

Maximum allowable Range of Velocity on field:

Where, and how, are CO2 tanks stored?

Are Players allowed to bring their own guns, pellets of safety equipment? ☐ Yes ☐ No

If "Yes" to above, is staff required to inspect for any alterations or modifications? ☐ Yes ☐ No

What is the minimal safety gear allowed?

Are alcoholic beverages allowed on premises? ☐ Yes ☐ No

Are Safety Rules and Procedures clearly posted on premises? ☐ Yes ☐ No

Is there at least one staff member on site at all times with CPR / First Aid? ☐ Yes ☐ No

Limits of Liability:

Coverage Requested	Limit	Coverage	Limit
Commercial General Liability:	\$	Outbuildings:	\$
Tenants Legal Liability:	\$	Equipment:	\$
Non-Owned Automobile:	\$		

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this applicant?

Is this account new or renewal to you?

Have you personally viewed the applicants operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this applicant?

Broker's Signature:

Position:

Please print name:

Date: