



## 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 \_\_\_\_\_

Proposed Policy Period \_\_\_\_ to \_\_\_\_ Inspection Contact \_\_\_\_\_

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. \_\_\_\_\_

**PHYSICAL DESCRIPTION OF PREMISES (Continued)**

- 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
- 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 any Airsoft guns or games permitted? .....  Yes  No
- 7. Are all weapons checked with a chronometer and tagged during game registration? .....  Yes  No
- 8. Are goggles ANSI approved? .....  Yes  No
- 9. Are maintenance schedules kept for all equipment? .....  Yes  No
- 10. 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 CO<sub>2</sub> on site? \_\_\_\_\_
- 11. Number of players permitted on each field? \_\_\_\_\_
- 12. Are all players required to wear adequate playing gear/attire?.....  Yes  No
- 13. What is the Minimum Age requirement? \_\_\_\_\_
- 14. Are "Spectators" permitted on the field during play? .....  Yes  No
- 15. Is there a "Spectator" area? .....  Yes  No  
Describe location and protection. \_\_\_\_\_
- 16. Are referees instructed to stop play in the event of unsafe activities? .....  Yes  No
- 17. 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.

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**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 FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** 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.

**Colorado:** 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 company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it

will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

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

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** 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 civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date