



## PAINTBALL SUPPLEMENTAL APPLICATION

### SUBMISSION REQUIREMENTS

We must receive a copy of these documents with your application.

- Copy of your Waiver, Release of Liability or Assumption or Risk form.
- Diagram of premises
- Copy of the rules of play
- Currently valued insurance company loss runs for the current policy period plus 3 prior years

### BUSINESS INFORMATION

Proposed Effective Date:

1. Business Name:
2. Type of Business:
 

Individual	Partnership	Limited Liability Company	Corporation
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3. Contact Name:
4. E-mail Address:
5. Business Phone: Fax: Cell:
6. Mailing Address:
7. Location Address: *(If different from mailing address)*
8. FEIN: Year Business started:
9. Detailed description of operations:

### INSURANCE AND PROPERTY INFORMATION

1. Current insurance carrier: Exp. Date:
2. Any incidents or claims whether reported or not in the last five (5) years? Yes      No  
If yes, please explain:
3. Any policy declined, cancelled or non-renewed within the past three (3) years? Yes      No  
**(Not Applicable in Missouri)**
4. Do you own or lease your property? Own Lease
5. Name of Lessor / Landlord:  
Address of Lessor / Landlord:

6. Name of other Additional Insured:  
Address of other Additional Insured:

<b>Operations</b>	<b>Annual Gross Sales</b>	<b>Annual # of Participants</b>
Paintball Games (indoor and outdoor)	\$	
Retail Pro Shop Sales (include offsite shops if applicable)	\$	
Equipment Rentals	\$	
Food and Drink	\$	
Other (specify):	\$	
<b>Grand Totals</b>	\$	

### QUESTIONNAIRE

1. Years of paintball experience:
2. Years of management experience:
3. Is the facility enclosed or fenced? Yes      No
4. Are waivers required for all participants? *(Please attach a copy)* Yes      No
5. Are there rules of play and are they posted? *(Please attach a copy)* Yes      No
6. Are safety masks / goggles required at all times on the playing fields? Yes      No
7. Are safety signs posted in all playing areas? Yes      No
8. How many referees are on the field during play?
9. Are employees trained in first aid? Yes      No
10. Are customer's equipment checked before use to make sure it meets minimum safety requirements? Yes      No
11. How often is your equipment checked and velocity tested?
12. Is there a required safety meeting before all games? Yes      No
13. Are barrel blocker devices required in all non-playing field areas? Yes      No
14. Do you use paintball netting for any spectator areas? Yes      No
15. Have you tested your netting within the last three months to comply with the ASTM standard of stopping paintballs when shot from 15 feet back into net, 10 shots at 300 feet per second within a 4" circle?  
Did it pass? Yes      No  
Yes      No
16. Do you have boundary tape to keep spectators a minimum of 5" back from netting? Yes      No
17. Are there any special events or tournaments held on your premises that you run? Yes      No
18. Are there any special events or tournaments held on your premises that are run by others? Yes      No

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| 19. Are Certificates of Insurance obtained from those independent entities naming you as additional insured? | Yes | No |
| 20. Is there any overnight camping?  | Yes | No |
| 21. Are there any night games?   | Yes | No |
| 22. Are there other events or activities other than those listed above?<br>If yes, please list activities:   | Yes | No |

### Fraud Notice

**NOTICE TO APPLICANTS:** 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

**NOTICE TO MINNESOTA AND OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS:** 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO MAINE AND VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**NOTICE TO NEW MEXICO APPLICANTS:** "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."

**NOTICE TO TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Insured Signature:

Date:

Agent Signature:

Date: