

**SECTION 1: APPLICANT INFORMATION**

- Official / Legal Name of Organization:
- Address:
 

	Street Number	Street Name	Apartment / Suite Number
City:	Province:	Postal Code:	
- Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Website Address :
- Will you require an Additional Insured to be added to the policy?  Yes  No  
If "Yes", please provide name and mailing address:

**SECTION 2: INSURANCE INFORMATION**

- Policy period From: \_\_\_\_\_ To: \_\_\_\_\_
- Limit required:  \$1,000,000  \$2,000,000  \$5,000,000  Other
- Are you aware of any incident which may result in a claim against you?  Yes  No  
If "Yes", please provide details:
- Previous Carrier: \_\_\_\_\_ Renewal Offered?  Yes  No  
If "No", please explain in detail the reason for non-renewal:
- Loss History, please provide details below (attach additional page(s) if necessary):
 

Coverage	Limit Carried	Premium	Total Losses
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**SECTION 3: UNDERWRITING INFORMATION**

- Location of playing fields (legal address):
- Are you the owner or lessee of premises?  owner  lessee
- Is this a new operation?  Yes  No  
If "No", how many years has the business been operating?
- Number of Field Locations? Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_
- Years of Management experience: \_\_\_\_\_

6. Describe paintball marking devices used:
7. Are the playing areas clearly marked?  Yes  No
8. Are games always refereed?  Yes  No
9. Describe any barriers or obstacles and their construction:
10. Any towers over 4 feet high?  Yes  No  
If "Yes", how high?
11. Range of velocity of paint pellets (ft. per sec.)?
12. Are players allowed to use their own guns?  Yes  No
13. Are players allowed to use their own safety equipment?  Yes  No
14. Is the customer's equipment checked before use to assure that it meets minimum safety requirements?  Yes  No
15. Where are CO2 tanks stored?  
How are they secured?
16. Are safety rules and procedures posted on premises?  Yes  No  
Where are they displayed?
17. Are alcoholic beverages allowed on premises?  Yes  No
18. What is the total acreage or square feet of your property? \_\_\_\_\_  
Game fields: \_\_\_\_\_ Public Parking: \_\_\_\_\_
19. Security - Describe Crowd Control:
20. Are spectators allowed on premises?  Yes  No
21. Describe parking facilities and traffic control:
22. Describe other security measures (including alarm systems):
23. Number of employees: \_\_\_\_\_
24. Are your employees trained in first aid?  Yes  No
25. Gross receipts from admission: \$ \_\_\_\_\_  
Last Season: \$ \_\_\_\_\_ Estimated this season: \$ \_\_\_\_\_
26. Number of players last seasons: \_\_\_\_\_ Estimated this season: \_\_\_\_\_
27. Maximum number of players on field at any one time? \_\_\_\_\_
28. Do you sell equipment?  Yes  No  
Estimated annual equipment sales: \$ \_\_\_\_\_

29. Do you have a snack bar or restaurant?  Yes  No  
 Estimated annual sales of food? \$ \_\_\_\_\_ Liquor? \$ \_\_\_\_\_
30. Is coverage required on guns and equipment?  Yes  No  
 Where are these kept or stored when not in use?  
 How secured?  
 Total value: \$ \_\_\_\_\_
31. Are there owned buildings to be insured?  Yes  No  
 Full description:  
 Total value: \$ \_\_\_\_\_
32. Do you rent buildings used in the operation of this business?  Yes  No  
 Full description:
33. Protection: Fire Hall \_\_\_\_\_ km Hydrants?  Yes  No
34. Length of Season:
35. Operating Hours:
36. Minimum age required to play? \_\_\_\_\_

#### SECTION 4: OTHER INFORMATION

1. Please provide any other information you feel would assist in the evaluation of your application:
2. I understand that the following warranties are conditions upon which this insurance is made. As such they are made a part of the policy conditions:
- Insured must obtain from all Participants a signed Waiver and Release of Liability Form prior to each day's games (must provide a copy of the waiver/release).
  - Approved Paintball sports eye protection must be worn by all players during play.
  - All guns must be choreographed. 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.
  - Above indicated loss experience is true to the best of my knowledge.

#### SECTION 5: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:		City:	
E-Mail:		Province:	
Phone:		Postal Code:	
Fax:			

