



Paintball Field General Liability Insurance Application

www.paintball-apl.com
423-538-1100
800-801-1915 (Fax)

PROPOSED EFFECTIVE DATE (REQUIRED) ____/____/____ CURRENTLY INSURED? YES___ NO___

APPLICANT (LEGAL NAME OF BUSINESS) _____ COMPANY TYPE (SOLE PROP, CORP. LLC, etc) **REQUIRED**

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____ www. _____ WEBSITE ADDRESS _____

FIELD OWNER/OPERATOR _____ CELL PHONE _____ BUSINESS PHONE _____ HOME PHONE _____

PHYSICAL ADDRESS of FACILITY _____ CITY _____ STATE _____ ZIP _____ E-MAIL ADDRESS _____

Paintball Field Management Experience (Required) Have you, your partners, or your employees ever owned, operated, managed, or refereed at any paintball field (including scenario games and tournaments)? Please complete for each individual.

Individual Name	Name of Facility where experience gained	Title Held (Owner, Mgr, Ref)	Years of Experience	Total no. of Games Refereed or Supervised (50+ 100+ 250+ 500+)

1. Year paintball business started?_____ Is this your first paintball field insurance policy? Yes___ No___ Do you have any other insurance policies covering this business (e.g. Property)?_____. Does the applicant own or operate another location or business? Yes___ No___ If yes, please describe:_____

2. Are any other services or activities on the premises (BMX, Go-Karts, etc.)? Yes___ No___ If yes, describe:_____

Proof of insurance coverage must be submitted with your application for any services or activities (other than paintball) operating under the same business name for this or any other location.

3. Do you operate a paintball field at any other location? Yes___ No___ Diagrams are required for each field address.

4. Have any incidents or losses occurred at this or any other paintball facility you have owned or managed (whether a claim was made or not) within the past three years? Yes___ No___ If yes, please submit loss runs for the past three (3) years from your previous insurance carrier(s).

5. Has your paintball insurance policy been cancelled or non-renewed for this or any other paintball facility you owned or managed? Yes___ No___ (This does not pertain to a program non-renewal applying to all paintball operators.)

6. Are safety signs posted at your facility? Yes___ No___ (Please clearly indicate their location on the field diagram).
7. Are daily safety briefings conducted for each player and is all equipment inspected prior to play? Yes___ No___
8. Are first aid supplies and a telephone maintained on the premises during operation? Yes___ No___
9. Do staging areas have posted safety rules and are they supervised at all times by employees? Yes___ No___
10. Are there any climbing structures (4' or higher) in the area of play? Yes___ No___ If yes, photographs (or a detailed description on the diagram) of any towers, castles, etc are required. Are standard steps or ramps and handrails used for all climbing structures? Yes___ No___ Grip tape on the ramps and/or steps? Yes___ No___ Ladders are not allowed.
11. Do you use any of the following items at your field (Y/N)? Paint Mines? ___ Paint Grenades? ___
12. Is alcohol sold or permitted at this site? Yes___ No___ If yes, submit your rules regarding consumption for approval.
13. What types of field play do you operate (woods, speedball, air soft, etc.)? _____
Using inflatable bunkers? Yes___ No___ If yes, explain how they are held down: _____
14. Are your areas of play clearly marked off with netting, caution tape, rope, etc? Yes___ No___
15. Are you using any netting at your field? Yes___ No___ If yes, have you tested your netting using the safety test outlined in our safety rules? Yes___ No___ Please specify height of netting _____ (If multiple used, specify on diagram).
16. Are spectators allowed on the premises? Yes___ No___ Are spectators kept a minimum of **five feet** away from the netting at all times? Yes___ No___ Describe _____
17. Number of working chronographs? _____ Maximum Velocity allowed? Indoor _____(fps) Outdoor _____(fps)
18. Do you conduct any "Off Premise" Events? Yes___ No___ If yes, how many per year?___ Underwriter approval is required under this program before these events take place, and requires 5-7 business days for processing.
19. What is the minimum age requirement for your facility? General Play _____ Private Groups _____
20. Are ALL participants required to sign waivers? Yes___ No___ Are ALL games supervised by staff? Yes___ No___
21. Are parents and/or legal guardians required to sign waivers on behalf of **all minors** (under 18)? Yes___ No___
22. Where are CO2 Tanks stored and how are they secured? _____
23. Have you, a partner or a employee received any type of certification or training to perform tank fills? Yes___ No___ Please list each employee and source of certification (use separate page is necessary):

24. Are players allowed to fill their own tanks at your facility? Yes___ No___ If yes, please explain on separate page.
25. What is the minimum age requirement for your lead/head referees?___ Minimum age for assistant referees? ___ Please describe your procedure for training your field referees: _____
26. What ratio of referees to players do you enforce at your facility? One referee for every ___ players (ages 13 and below). One referee for every ___ players (ages 14 and above).
27. Do you perform any of the following (Y/N): Repairs _____ Marker Upgrades _____ Tank Modifications _____ Please list source of training:

28. Do you have any motorized vehicles (including tanks) that are used at your field during play? Yes___ No___
29. Is any equipment rented out of this facility for off-site use? Yes___ No___
30. Do you allow firing modes other than semi-automatic (1 ball per pull/cycle of the trigger)? Yes___ No___ If yes, what is the maximum permitted rate of fire (bps) for Tournaments? _____ Regular Play? _____.
31. How did you hear about us? Magazine___ Internet___ Agent ___ Field operator___ Other _____
32. Do you own or lease the premises? Lease___ Own___ If leased, the following information is required:

Landlord/Additional Insured (Required for "Additional Insured" Certificates of Insurance)

Name of Land Owner

Complete Address

Insurable Interest (Landlord)

Exposures... Annual Paintball Business Receipts (REQUIRED)

Total Annual Field Participants (Example): If a player signs a waiver and visits your facility 50 times during the policy period or year, this would equal 50 participants. Total Annual Projected Participants? _____
 Total Annual Field Receipts (field fees/fills/rentals/paintballs sold to game participants)? \$ _____
 Retail/Pro-Shop ("Out-the-Door" Sales of paintball markers and supplies) \$ _____ Food & drink \$ _____
 Customer Equipment Repair service charges and fees \$ _____ Other Non-Paintball Receipts \$ _____

Prior Paintball Insurance Warranty Statement (Required Unless New Business)

As requested, this information is to verify my previous insurance coverage and any and all losses/claims that I have been notified about or should have knowledge of. I understand that this information is a warranty statement and made part of my application for insurance coverage. Loss runs will be required if any claims or losses are reported. Warning: it is a fraudulent act to misrepresent prior claims.

Year	Name of Insurance Company	Premium	# of Claims/Injuries	\$ Losses Paid

Outdoor Facility

Number of acres? _____ Number of fields? _____ Is property fenced? Yes ___ No ___
 Are no trespassing signs posted? Yes ___ No ___ Are evening/night games held? Yes ___ No ___ If yes, is stadium-type lighting used? Yes ___ No ___ Are scenario night games held? Yes ___ No ___
 Is overnight camping allowed? Yes ___ No ___ Please attach your night game safety rules.
 Check box if there are any physical hazards (natural or manmade) in or near the field of play: Fox Holes/Trenches? ___
 Tunnels? ___ Cliffs/Overhangs? ___ Ravines? ___ Deep or fast moving water? ___ Sharp Rocks? ___ Protruding nails or spikes? ___
 How often is your field inspected for hazards? _____
 Describe frequency and manner of maintenance performed at your field: _____

Indoor Facility

Square feet of building? _____ Age of building? _____ Number of stories? _____
 Is your business located on the ground floor only? Yes ___ No ___ Square feet of play area? _____
 Does it have fire alarms? Yes ___ No ___ Sprinklers? Yes ___ No ___
 Is the floor surface: Concrete Dirt Wood Other: _____

A separate insurance policy for participant medical coverage is required, and will be quoted along with the general liability insurance policy.

THIS IS NOT A BINDER OF COVERAGE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

The applicant declares that to the best of their knowledge the information contained in the application is true and that no material facts have been suppressed or misstated. The applicant understands that incorrect or incomplete statements of information could void their protection. Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Applicant

Date

Signature of Agent

Date



PAINTBALL SAFETY RULES for FIELD OPERATORS

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1. **FIELD OPERATION:** Strict control must be exercised over all areas including: Field Entrance, Parking Areas, Staging Areas, Sales and Service Areas, Spectator Areas, and Playing Fields.
2. **PERSONNEL:** All field staff must be fully and properly trained. Referees and fill station attendants must be sixteen (16) years of age or older.
3. **EMERGENCY PROCEDURE:** All field staff must be trained to properly respond in the event of an accident or emergency and instructed to respond immediately. Field staff must know the exact location of the field telephone, readily accessible first aid kit, and incident report forms. Management must fill out an incident report form immediately following all injuries.
4. **FIELD ORIENTATION:** Prior to the first game, each player must undergo a formal orientation session including a detailed explanation of the player safety rules, clearly specifying those rules which would result in player ejection, game rules, field layout, and emergency procedures. A referee will be assigned to each group at this time.
5. **BARREL BLOCKING DEVICE REGULATION:** The mandatory use of industry-approved Barrel Blocking Devices [BBD] must be strictly enforced at all times in all non-playing areas. Barrel plugs are no longer considered adequate protection due to differing barrel sizes and increased rates of fire. Operators must provide BBD's for all rental equipment and also for customers to buy if necessary. (Towels, socks, or stick squeegee's are not considered a BBD!)
6. **SAFETY GOGGLES and HEAD PROTECTION:** Mandatory goggle enforcement is required in all areas where "Goggles On" signs are posted. Industry approved full-face mask goggle systems must meet or exceed ASTM guidelines which require: full enclosure of the eye cavity using .06 Lexan lenses secured within frames and to the head with a headband. The face and ear protector components must be attached securely to the goggle frame to present full coverage (no gaps) to the bottom of the chin, along the jawbone, temples, and ears. Modifications are prohibited. Wash, disinfect, and inspect goggles regularly.
7. **TRIGGER GUARDS:** Trigger guards are mandatory on all paintball markers used by participants at your facility. The trigger guard must be rigid, wider than the trigger area, and enclose the trigger area.
8. **SAFETY NETTING:** Netting (12' required, 20' recommended) must be installed around play areas and must be maintained and checked regularly. Approved netting and/or 300' of open space must surround all areas of play. APL requires each operator to test the netting per the ASTM guidelines: Stand 15' from netting and shoot 10 shots in a 4" circle at 300 fps. No part of the paintball shell may pass through larger than 3 by 5 mm rectangle. Bunkers should be placed at least 15' from the netting and spectators must be kept 5' away from the netting at all times.
9. **CHRONOGRAPHING PROCEDURES:** Maintain at least one chronograph (preferably two) with a back up battery at the field at all times. All paintball Markers must be chronographed before players enter the field and prior to each new set of games. A chronograph referee must be available at all times to strictly enforce velocity guidelines. Paintball marker velocities must be adjusted so that three (3) consecutive shots through the chronograph do not exceed 300 fps for general outdoor games and 225-275 fps for indoor games.
10. **FIELD MAINTAINENCE:** Boundaries of all outdoor playing fields must be clearly and continuously marked with rope, tape, or other highly visible material. The field must be inspected frequently for natural or man-made hazards. Paintball markers must be checked and inspected weekly. A designated staff member must inspect the chronograph, first aid kit, mobile telephone, scale, fill station, CO2 cylinders, and all field equipment (including safety signs) daily.
11. **PLAYER SAFETY RULES:** Each game participant must read the APL Safety Rules prior to signing the waiver of liability. The player safety rules must be posted at the field entrance and counter/sales office. Immediate mandatory ejection of any player who knowingly violates any safety rules is required-especially mask violations.
12. **SAFETY SIGNS:** "Goggles On" signs must be posted at every active playing field entrance. "Barrel Blocked" signs must be posted at every playing field exit. "Caution Paintball Game Area" signs must be posted at every location where unauthorized non-participants might be expected to directly approach the playing field.
13. **FILL-STATIONS:** Only trained personnel are allowed to perform tank fills. Allowing players to fill their own tanks is prohibited. Authorization to use self-fill air stations (attended by trained employee) must be approved by our underwriters. CO2 cylinders must be secured in an upright position. An on-site scale is required to prevent overfills.

To be accepted as a member of this insurance program, I understand and agree to abide by the terms of the Field Safety Requirements. I realize that failure to comply with these terms may result in termination of membership and associated benefits, including insurance.

OWNER'S SIGNATURE

BUSINESS NAME

DATE



Field Diagram Supplement

(Required for each Playing Location)

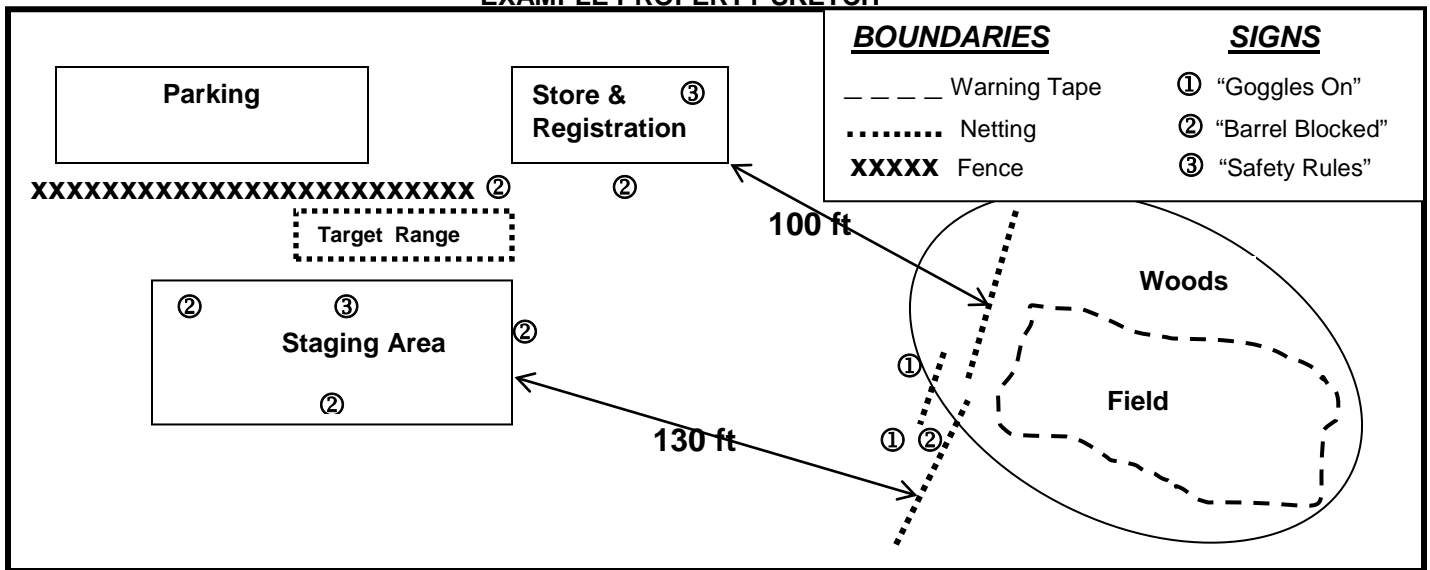
A rough sketch of the property is required, showing playing fields and other details. If you have more than one location, please complete a separate diagram for each location. You must clearly show the parking area, spectator area, pro shop, chronograph area, target range, player staging area, netting and/or caution tape marking the entire field(s) of play, safety signs, and **you must show distances between playing fields and non-play areas.**

Field Name: _____

Physical Address: _____

Name and Address of Landlord/Additional Insured: _____

EXAMPLE PROPERTY SKETCH



Use additional pages if necessary