



PAINTBALL OPERATORS
LIABILITY INSURANCE APPLICATION

SECTION 1: Applicant Information

- 1. Official/legal name:
2. Operating name if different:
3. Street address:
4. City:
5. Province:
6. Postal Code:
7. Phone:
8. Fax:
9. Website:
10. Email:
11. Additional insured:

SECTION 2: Underwriting Information

- 1. Date company was created:
2. Number of years experience if different:
3. Is this business a: Sole Proprietorship Partnership Corporation
4. Does this business operate in countries other than Canada: Yes No
4.A. If "yes" please explain:
5. Governing body:
5.A. Governing body member #:
6. Total gross receipts:
7. Do you rent or own your premises:
8. How many indoor and outdoor playing fields: Indoor Outdoor
8.A. Total acreage:
9. Do you allow customers to use their own guns: Yes No
9. A. Do you allow customers to user their own equipment: Yes No
9.B. Do you safety check customer guns and equipment: Yes No
10. Do you offer stand alone equipment rentals: Yes No
11. Is the playing area clearly marked: Yes No
12. What is the range and velocity of paintballs:
13. Where are Co2 tanks stored:
13.A. How are Co2 tanks secured:
14. Do you allow alcohol on premises: Yes No

15. Please provide the following documents or explain why they are not included:

Document	Explanation why it's not included
Incorporation documents	_____
Most recent financial statements	_____
All insurance policies in effect	_____
Sample registration forms	_____
Sample waivers/release	_____
Sample medical questionnaire	_____
Risk management plan	_____
Equipment log	_____
Incident log	_____
Rules and procedures	_____
A picture of where the rules are posted	_____

16. Do you allow your waivers to be filled out online: Yes No

17. Where do you store client records: _____

18. How long do you keep client records: _____

19. Total head count for last season: _____

20. What is your head count: Last season Estimated this season

21. Maximum head count: Per playing field Total

22. Revenue from admissions: Last season Estimated this season

23. Revenue from equipment sales: Last season Estimated this season

24. Revenue from food sales: Last season Estimated this season

25. Revenue from liquor sales: Last season Estimated this season

SECTION 3: Staffing

1. Total number of employees: _____

2. Do you check background, experience, and qualifications for each employee: Yes No

3. Do you employ anyone under 18 and if so what are their responsibilities: _____

4. What's covered in training: _____

5. What level of first-aid do you require employees to have: _____

SECTION 4: Coverage Requested

1. Liability limit: _____

2. Other coverage's requested: _____

3. Requested effective date: _____

4. Requested expiry date: _____

SECTION 5: Insurance History

1. Previous carrier: _____ 2. Premium: _____
3. Type of policy: _____ 4. Policy #: _____
5. Effective date: _____ 6. Expiry date: _____
7. Limit: _____
8. Losses: _____

9. Has any insurer ever declined, cancelled, or imposed special conditions for any coverage for you, your facility, or your employees in the past: Yes No _____

10. Have you, your facilities, or your employees ever been subject to any disciplinary proceedings for professional misconduct: Yes No _____

11. Are you aware of any circumstance which may result in a claim against you, your business, or your employees: Yes No _____

11.A. If you answered "yes" to any of the above 3 questions you must provide full details.

SECTION 6: Declaration

It is understood and agreed that the completion of this application and the quote provided shall not be binding either to the proposed insured or to Universal Underwriting Managers/Lloyd's (henceforth called the "insurer") until accepted by both the insurer and insured. The information contained herein shall be the basis of the contract of insurance should a policy be issued.

I declare that the statements made in the this application are complete and true to the best of my knowledge. I understand that the application form will form part of the insurance policy provided through the insurer. I acknowledge that if, at the time of a claim, it is discovered that any question in the application was not answered truthfully, accurately, completely, and to the best of my knowledge it may result in the non-payment of any claim and/or my coverage may be made null and void at the discretion of the insurer.

Your privacy is protected: For a copy of the privacy policy in place please contact your broker.

APPLICANTS NAME (PLEASE PRINT) _____ APPLICANTS SIGNATURE _____ DATE _____

BROKER NAME _____ BROKER SIGNATURE _____ AGENCY _____

BROKER PHONE # _____ BROKER FAX # _____ BROKER EMAIL _____