

# GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



## PAINTBALL SUPPLEMENTAL APPLICATION \*

\*to accompany the General Application

Named Insured:

### GENERAL INFORMATION

1. Location of Operation:
2. Annual Gross Receipts from Admissions:  
Last Season \$ Estimated This Season \$
3. Please list any associations of which you are a member:
4. Do you own or lease this premises?
5. Number of years in business at this location: Years
6. Number of years in business management: Years
7. Total experience in this type of business: Years
8. Do you hold a PTI certification? Yes No  
If yes, C1 C2 C3 C4 C5 C5A C6  
If yes, ID number:
9. Do you sell equipment? Yes No  
If yes, annual sales: \$  
Please describe what type of equipment:
10. Do you sell used equipment? Yes No  
If yes, annual sales: \$  
Please describe what type of equipment:
11. Do you sell equipment on the internet? Yes No  
If yes, annual sales: \$  
Website Address:
12. Do you repair equipment? Yes No  
If yes, annual sales: \$  
Please describe what types of repairs are performed:
- Are repairs performed by a PTI Graduate? Yes No
13. Do you have a snack bar or restaurant? Yes No  
If yes, annual sales  
Food: \$  
Liquor: \$

### SAFETY AND TRAINING INFORMATION

1. Are you in compliance with APL Safety Guidelines? Yes No
2. Are safety rules and procedures clearly posted on the premises? Yes No
3. Do you have participants sign a release of liability or waiver prior to play? Yes No  
If yes, please provide copy of the document.
4. Are alcoholic beverages allowed on premises? Yes No
5. Is approved Paintball Sports eye protection required to be worn by all players? Yes No
6. How often is your equipment tested and velocity checked?
7. Where are Co<sub>2</sub> tanks stored?
8. How are Co<sub>2</sub> tanks secured?
9. Minimum age of participants: Years  
No one under the age of 10 allowed; if under 21 additional supervision required.
10. Is customer's equipment checked before use to assure that it meets minimum safety requirements? Yes No
11. Is a documented safety orientation provided to all participants prior to play? Yes No

**STAFF INFORMATION**

- |   |     |    |
|---|-----|----|
| 1. Is supervision provided at all times?                                      | Yes | No |
| 2. Is the supervision provided by a first-aid and CPR certified staff member? | Yes | No |
| 3. Do all staff members understand the safety rules?                          | Yes | No |

**FACILITY INFORMATION**

- |   |               |             |                   |  |        |
|---|---------------|-------------|-------------------|--|--------|
| 1. Type of Paintball Operation:                               | Playing Field | Sports Camp | Sports Tournament |  |        |
| 2. What is the total acreage or square feet of your property? |               |             |                   |  |        |
| 3. What is the total square feet for game fields?             |               |             |                   |  |        |
| 4. What is the total square feet for public parking?          |               |             |                   |  |        |
| 5. Is the facility enclosed or fenced?                        |               |             |                   | Yes  | No     |
| 6. Can the facility be locked?                                |               |             |                   | Yes  | No     |
| 7. Length of season:  |               |             |                   |  |        |
| 8. Operating hours:   |               |             |                   |  |        |
| 9. Number of field locations:                                 |               | Indoor:     |                   | Outdoor:   |        |
| 10. Maximum number of players per field:                      |               | Indoor:     |                   | Outdoor:   |        |
| 11. Total estimated number of players per year:               |               |             |                   | (Avg daily attendance x game days per yr.)       |        |
| 12. Range of velocity of paint pellets:                       |               |             | feet per second   |  |        |
| 13. Are spectators allowed on premises?                       |               |             |                   | Yes  | No     |
| 14. Are players allowed to use their own guns?                |               |             |                   | Yes  | No     |
| 15. Are players allowed to use their own safety equipment?    |               |             |                   | Yes  | No     |
| 16. Are any paintball games conducted on horseback?           |               |             |                   | Yes  | No     |
| 17. Are paintball mines or grenades allowed?                  |               |             |                   | Yes  | No     |
|   |               |             |                   | If yes, are there rules concerning their use?    | Yes No |
| 18. Do you have any climbing structures?                      |               |             |                   | Yes  | No     |
|   |               |             |                   | If yes, do they have handrails? Please describe: |        |
| 19. Are night games held?                                     |               |             |                   | Yes  | No     |
|   |               |             |                   | If yes, describe lighting:                       |        |
| 20. Are games refereed?                                       |               |             |                   | Yes  | No     |
|   |               |             |                   | If yes, by whom?                                 |        |

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**FRAUD NOTICE STATEMENTS**

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN 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.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** 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, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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.

**The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.**

**The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.**

**\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.**

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)