

**DIRECTIONS:**

1. Complete the enrollment form (all pages) in full by filling in the blue fields.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or fax to 864-603-2348

POLICY RECOMMENDATIONS (Please check any you are interested in)

General Liability <input type="checkbox"/>	Accident Medical <input type="checkbox"/>	Earthquake <input type="checkbox"/>
Inland Marine <input type="checkbox"/>	Workers Compensation <input type="checkbox"/>	Commercial Auto <input type="checkbox"/>
EPLI <input type="checkbox"/>	Flood <input type="checkbox"/>	Hired & Non-Owned Auto <input type="checkbox"/>
Umbrella <input type="checkbox"/>	Abuse / Molestation <input type="checkbox"/>	Cyber Liability <input type="checkbox"/>

Section 1: BUSINESS INFORMATION

1. How did you hear about us?		
2. Type of Business: (please select) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
3. Business Name:		DBA (if applicable):
4. Contact Name:		5. Email Address:
5. Business Phone:	6. Fax:	7. Cell:
8. Birth Date:		9. Proposed Effective Date:
10. Mailing Address:		
City:	State:	Zip:
11. Location Address: (If different)		
City:	State:	Zip:
12. Year Business Started:		13. FEIN/SS#
14. Detailed description of operations:		

Section 2: INSURANCE AND PROPERTY INFORMATION

1. Current Insurance Carrier:		
Policy Number:	Premium:	Expiration Date:
2. Any incidents or claims whether reported or not in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If, yes please explain:		
3. Any policy declined, cancelled or non-renewed within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Are you within city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Do you own or lease you property? <input type="checkbox"/> Own <input type="checkbox"/> Lease
6. Name of Lessor/Landlord:		
7. Address Lessor Landlord:		

Section 2: INSURANCE AND PROPERTY INFORMATION (continued)

7. Name of other Additional Insured:

Address of other Additional Insured:

City:

State:

Zip:

Section 3: ESTIMATED PLAYERS & ANNUAL RECEIPTS

1. Estimated Number of Annual Participants:

2. Estimated Annual Gross Receipts from Admissions, Rentals, and BB's only:

3. Estimated Annual Gross Receipts from on site ProShop (upgrades, gloves, etc):

4. Estimated Annual Gross Receipts from concessions* (food, drinks, etc):

*unless contracted out and contractor carries their own insurance

5. Estimated Total Annual Gross Receipts:

Section 4: SUPPLEMENTAL QUESTIONNAIRE

1. Do you provide: ☐ Paintball ☐ Airsoft ☐ Laser Tag ☐ Nerf ☐ Archery Tag

2. Years of paintball, lasertag or airsoft experience:

3. Years of Management experience:

4. Is the facility enclosed or fenced?

5. Can the facility be locked? ☐ Yes ☐ No

6. Is the facility? ☐ Indoor ☐ Outdoor ☐ Both

7. What safety protection gear is required or provided?

8. Describe any barriers or obstacles and their construction.

9. Do you have any elevated structures? ☐ Yes ☐ No If so, how high is standing platform?

 If over 1 ft. please submit photos of the structure from all angles.

10. Are there stairs or ramps on the structures? ☐ Yes ☐ No

If so, are they built to code? ☐ Yes ☐ No

11. Is a waiver/release used for each participant? ☐ Yes ☐ No Submit a copy.

12. Do you have safety signs posted? (show on field diagram) ☐ Yes ☐ No

13. All Airsoft guns must be without ammo, magazine free, and in neutral when in non-play areas. All Airsoft guns must have a barrel blocking device used when not in play. All Airsoft guns must have safety engaged when not in play. Do you enforce this rule at all times? ☐ Yes ☐ No

14. Are games always refereed? ☐ Yes ☐ No

15. Do you always have at least 2 refs per game? ☐ Yes ☐ No

16. Is the customer's equipment checked before use to assure that it meets minimum safety requirements? ☐ Yes ☐ No

17. Maximum velocity allowed for .20 BBs? Indoor (fps) Outdoor (fps)

18. Maximum velocity allowed for .25 BBs? Indoor (fps) Outdoor (fps)

SUPPLEMENTAL QUESTIONNAIRE (Continued)

19. Total # of employees:		Are your employees trained in first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Maximum velocity allowed for SNIPERS (100 ft. minimum from target) for .20 BBs? Indoor (fps) Outdoor (fps)			
21. How often is your equipment tested and velocity checked?			
22. Are there rules of play and are they posted? <input type="checkbox"/> Yes <input type="checkbox"/> No Submit a copy.			
23. Fully sealed approved goggle systems must be used in areas of play or chronograph areas. You may use paintball goggle/mask systems or approved Airsoft goggles that meet or exceed ASTM standards. The full face and ears must be covered either by a mask system or balaclava or bandana to prevent injury or penetration of BBs. Do you enforce this rule at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Do you use paintball netting for spectator areas? <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. Who did you purchase your netting from?			Date purchased?
26. Have you tested your netting to the ASTM standard in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Did it pass? <input type="checkbox"/> Yes <input type="checkbox"/> No			
27. Do you have boundary tape to keep spectators 5 feet back from netting? <input type="checkbox"/> Yes <input type="checkbox"/> No			
28. Any special event such as big games/tournaments held on your premises that you run? <input type="checkbox"/> Yes <input type="checkbox"/> No			
29. Any special events such as big games/tournaments held on your premises that others run? (you must be named as additional insured on their insurance) <input type="checkbox"/> Yes <input type="checkbox"/> No			
30. Any off premise events held? (special application needed for each event, if you plan on doing off premise events in the next 12 months, we will need to know this prior to binding as it will affect which carrier we place you with. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?			
31. Any overnight camping? (coverage is excluded unless added) <input type="checkbox"/> Yes <input type="checkbox"/> No Do you want to add coverage for this exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
32. Any night games? <input type="checkbox"/> Yes <input type="checkbox"/> No		33. Use of Lars Rocket Launchers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
33. What modes of fire do you allow? <input type="checkbox"/> Semi Auto <input type="checkbox"/> Burst <input type="checkbox"/> Full Auto			
34. Do you have any other activities on this property other than what is listed above? If so, please explain.			
35. Do you repair or modify airsoft guns at the field? <input type="checkbox"/> Yes <input type="checkbox"/> No			
36. Do you have a pro shop on site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
37. Do you have a pro shop at a different location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Do you want coverage for retail sales from your pro shop? <input type="checkbox"/> Yes <input type="checkbox"/> No			
39. Do you want liability coverage for retail sales from your pro shop? <input type="checkbox"/> Yes <input type="checkbox"/> No			
40. Do you want property coverage for your contents of your pro shop or field? <input type="checkbox"/> Yes <input type="checkbox"/> No (a separate application is required for this)			
41. At your pro shop do you repair or modify markers? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 6: Field Safety Rules Agreement

1. Strict control exercised over all areas e.g. A. Entrance to Field B . Parking areas C . Staging areas D . Sales and service areas E. Viewing areas F. Playing Fields
2. All personnel should be fully & properly trained: A. Referees B . Counter/sales persons C. Chronograph person D. Field maintenance persons
3. Maintain proper equipment on premise s.: Maintain guns B . Goggle/ Full face mask system with ear protection per this definition: Wash, disinfect, remove lens, & inspect for cracks, on every goggle system often after each daily use or as recommended by the manufacturer. Replace as per manufacturers recommendations or earlier. C. Maintain at least 1 chronograph with backup battery. D . Have enough barrel blocking devices for all rental equipment and have some for sale in case customers have lost theirs. E . Maintain a properly stocked first aid kit on premises. F. Maintain some communication from field to emergency sources, i.e. cellular phone, etc.
4. Required safety meeting for all new participants daily. Explain safety issues, goggle issues and procedures, etc.
5. Fully sealed approved goggle systems must be used in areas of play or chronograph areas. You may use paintball gogglmask systems or approved Airsoft goggles that meet or exceed ASTM standards. The full face and ears must be covered either by a mask system or balaclava or bandana to prevent injury or penetration of BBs.
6. Mandatory ejection of players removing goggle/ full-face mask system while in goggle on areas after being personally warned: A. Playing field B . Chronograph area C. Other shooting areas
7. Mandatory “barrel blocking device” enforcement in all areas excluding the playing fields when in play. A barrel blocking device is exactly that, an accepted blocking device designed to fit in the end or over the end of a barrel, not a stick squeegee, a pull squeegee, a sock or towel! Barrel Blocking Device required signs at: A . Entering and exiting playing areas B. Entering and exiting chronograph areas C.Entering and exiting target areas D. Parking areas E . Staging areas F . Counter/Sales areas
8. If there is a spectator area have safety netting that will stop a paintball at 300 fps at 15-ft distance (10 shots) in 4 inch circle,around all areas where necessary and maintained and checked regularly: A . Chronograph area B. Separation between staging area and fields C. Anyplace where airsoft bb’s may pass into public transportation space if close enough to field
9. Have posted “Goggle On Area” signs before entering field area. Also one “Goggles on” sign 50 feet past entrance to field entrance to fields as a reminder. You must have safety signs posted, entering Airsoft playing area, goggles required, andbarrel blocking devices required.
10. Have posted the “Player Safety Rules” where the Counter and Sales office is.
- 11 . Have all guns chronographed before entering the field area before each set of games. Have a chronograph referee there to verify. MAXIMUM VELOCITIES: Underwriter approval is required for “Sniper” Velocities that exceed 400 (FPS).
 - Maximum Velocity allowed for .20 BBs - Close Quarter or Indoor 350 (fps) Outdoor 400 (fps)
 - Maximum Velocity allowed for .25 BBs - Close Quarter or Indoor 350(fps) Outdoor 400 (fps)
 - Maximum Velocity allowed for Snipers is 500 (fps) with no shots closer than 100 feet to Opponent
 - Any Sniper Weapons MUST NOT have the ability to fire FULL AUTO

Field Safety Rules Agreement Continued

12. Recommend ejection of players from your field for the following reasons: A. Removing or lifting goggle/ face mask system after first warning B. Any fighting with other players or referees C. Failure to play in a safe manner. D. Any player that his/her actions would make it not pleasurable for others to return to play and have fun.

13. Have personnel that on a weekly basis inspect the fields for any type of hazard that might have developed since the last week. Look for any nails sticking out of boards, any objects that might be sticking out of the ground. If trees are cut make sure the stumps are removed as not to have a tripping injury. Show pride of ownership in your fields.

14. Test netting to be used at field where it is to be a no mask area. Netting must pass the simple performance test below. If it fails then everyone will be required to have mask on while on the property.

NETTING TESTING STANDARD 1/1/2001

Stand 15 feet from net, shoot 10 shots in same spot 4" diameter, 300 fps. No parts of the BB may pass thru the netting larger than 3 by 5 mm. Rectangle. Bunkers to be 20 feet from netting. 5 foot boundary on outside of netting.

Section 6: Field Safety Rules Signature

We hereby agree to train our employees and to follow the above-mentioned rules. This will help to promote safe paintball and a more affordable insurance program.

Owners Signature:

Business Name:

Street Address:

City:

State:

Zip:

PLEASE CONTINUE ON TO SIGN SIGNATURE & FRAUD PAGES

Section 7: Cyber Liability

1. Do you process payment cards? ☐ Yes ☐ No
2. Estimated annual number of payment card transactions

Section 8: WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Section 9: SIGNATURE

Print Name of Applicant	Title:
Signature of Applicant (Mandatory)	Date:

SUBMISSION CHECKLIST

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

- | | |
|--|--|
| <input type="checkbox"/> Copy of Waiver | <input type="checkbox"/> Diagram of premises |
| <input type="checkbox"/> Copy of rules of play | <input type="checkbox"/> Signed safety rules |



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: 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.

APPLICABLE IN FLORDIA: 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.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: 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 deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: 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.

APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: