

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 Co₂ tanks stored?
8. How are Co₂ 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? | | | |

Fraud Notice

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: 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 DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "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."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "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."

Insured Signature : _____ Date:

Agent Signature: _____ Date: