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P.O. Box 4439 Sandy, UT 84091  
877-678-7342 • Fax 800-478-9880

## PAINTBALL GAMES

THIS IS FOR QUOTATION PURPOSES ONLY - THIS IS NOT A BINDER

### 1. General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Broker No.: \_\_\_\_\_ Broker's Name: \_\_\_\_\_

Broker E-mail: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Insured is:  Individual  Corporation  Partnership  Joint Venture

Other (please describe): \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

### 2. Insurance History

Who was your last or is your current insurance carrier? \_\_\_\_\_

Please provide Insurance Company Name(s) for all companies that providing insurance for the last three (3) years.

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$
Limits (per accident / aggregate)	/	/	/

Have you ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you attempted to place this risk in Standard Markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_  
 \_\_\_\_\_

**3. Desired Insurance**

**Limit of Liability desired:**

- 50,000 per accident / 100,000 annual aggregate
- 100,000 per accident / 200,000 annual aggregate
- 100,000 per accident / 300,000 annual aggregate
- 200,000 per accident / 300,000 annual aggregate
- 200,000 per accident / 500,000 annual aggregate
- 300,000 per accident / 300,000 annual aggregate
- 300,000 per accident / 500,000 annual aggregate
- 300,000 per accident / 1,000,000 annual aggregate
- 500,000 per accident / 500,000 annual aggregate
- 500,000 per accident / 1,000,000 annual aggregate

**Self Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**4. Business Activities**

1. Length of season: \_\_\_\_\_

2. Describe all activities for which coverage is being requested (use additional sheets if necessary). Activities which are not identified and for which no coverage charge has been made are excluded. Some activities will need to be further described in supplemental questionnaires.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Premises/Locations: Please include any information which adequately describes your premises i.e. photos, diagrams, brochures, etc.

List all locations at which activities are to take place:

Address: \_\_\_\_\_

How many buildings? \_\_\_\_\_

Address: \_\_\_\_\_

How many buildings? \_\_\_\_\_

Address: \_\_\_\_\_

How many buildings? \_\_\_\_\_

4. Is there water located on the premises?  Yes  No  
 If yes, is the water:  pond(s)  lake(s)  river(s)  creek(s)

5. List all parties who have an interest in the premises:  
 Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tenant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Other (explain): \_\_\_\_\_  
 Address:: \_\_\_\_\_

**Equipment**

6. How often is equipment checked and inspected? \_\_\_\_\_
7. Who is responsible for equipment maintenance? \_\_\_\_\_
8. Do your customers use or rent any of your equipment?  Yes  No
9. Do you keep any maintenance records?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Safety Features: \_\_\_\_\_  
 Age Requirements for use: \_\_\_\_\_

**Risk Management**

10. Do you have an accident/emergency plan?  Yes  No
11. Are all activities supervised?  Yes  No  
 If no, please describe unsupervised activities: \_\_\_\_\_
- 
12. Do you use liability waivers?  Yes  No If yes, please attach a copy.
13. Do you have an operating plan or procedures manual?  Yes  No If yes, please attach a copy.
14. Are medical facilities or first aid stations/personnel provided?  Yes  No

**Employees**

15. Do you utilize Independent Contractors as employees?  Yes  No
16. What is the minimum age of employees?  16-18  18-21  21+
17. How many employees do you have?

	Part-Time	Full-time
Seasonal		
Year round		

18. Please enclose resumes of your manager(s).

**Security**

19. Describe crowd control: \_\_\_\_\_
-

20. Describe parking facilities and traffic control: \_\_\_\_\_

21. Do you use security personnel?  Yes  No If yes, how many? \_\_\_\_\_

**Independent Contractors/Concessions**

22. Are there any Independent contractors or concessions operating on your business premises?  Yes  No

If yes, please list: \_\_\_\_\_

23. Have you obtained certificates of insurance from all independent contractors or concessions?  Yes  No

If yes, please enclose copies.

24. What, if any, are the minimum and maximum age, weight, or height requirements for participants?

	Minimum	Maximum
Age		
Height (in feet, inches)		
Weight (in pounds)		

**Customers/Patrons/Participants**

25. How many people participate in your recreational activities at this location annually? \_\_\_\_\_

26. What are the most people that you could have participating in one day? \_\_\_\_\_

27. Gross receipts: Break out gross receipts by category

	Last year	This year
Retail Sales	\$	\$
Rental Fees	\$	\$
Admission Fees	\$	\$
Competition Fees	\$	\$
Other	\$	\$
Total	\$	\$

28. Checklist of Enclosures:

- Brochure
- Liability Waiver (if used)
- Staff Manual (Optional)
- Personnel Roster
- First Aid Kit List
- Advertising Materials
- Operating plan, procedural manual (optional)
- Emergency Plan
- Registration Form

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name