

Paintball Facilities and Events Insurance Program

**Includes
Coverage of
First Strike
Projectiles**

**No
Association
Fees**

- Paintball
- Air Soft
- Laser Tag
- Archery Tag
- Foam Dart / Foam Bullet Weapons

Francis L. Dean & Associates, LLC

FDL

The Leader in Sports, Leisure and Entertainment Insurance

Paintball Facilities and Events Insurance Program

Please complete the following application. Once the application is received, a quotation will be sent within one business day. As programs may vary, some questions may not be applicable. Please indicate "N/A" where necessary.

General Insured Information

Proposed Policyholder Name _____

Mailing Address _____

Location Address (if different) _____

Contact Person _____

Telephone _____ Fax _____ Email Address _____

Website Address _____

How would you like to receive your quotation? Via Fax _____ Via Email _____

Prior Insurance Information

Please provide loss reports from the past 5 years. (Required to obtain quotation)

Is the applicant currently Insured? Yes No

Current Insurance Company _____

Current Expiring Premium _____

Has prior insurance ever been canceled or non-renewed? Yes No

If yes, provide details _____

Have there been any claims in the past five years? Yes No

Have there been any incidents, occurrences or errors likely to become a claim within the last 5 years? Yes No

Date of Occurrence	Description of Claim	Paid Amount	Reserve Amount	Open/Closed

General Underwriting Information

PLEASE NOTE: THE FOLLOWING ARE INELIGIBLE FOR COVERAGE AND WILL BE EXCLUDED UNDER THE POLICY: Mechanical Bucking Devices (Including Multi Ride Attachments), Zip Lines, Permanent Rock Wall Structures, ATV's, Tractors, and Trucks (including trucks that are not licensed to operate on roadways - i.e. old military vehicles.

Overview of all operations _____

Description of experience operating or working for this type of business _____

Safety Precautions:

Are waiver and release forms required for all participants? Yes No

Do you have a risk management plan in place? Yes No

Is eye protection required and worn at all times? Yes No

Are there adequate barriers separating participants and spectators? Yes No

Are all game play and operations monitored by officials? Yes No

Explain All Safety Precautions/Procedures _____

Do you have any of the Following Activities? If yes, please provide details.

Paintball Yes No _____

Airsoft Yes No _____

Archery Tag Yes No _____

Foam Dart / Foam Bullet Weapons Yes No _____

Inflatables or Amusements (Include Number and Type in Explanation) Yes No _____

Zip Lines Yes No _____

Rock Walls Yes No _____

Overnight Camping Yes No _____

Use of Tanks or Makeshift Tanks Yes No _____

Do You Have Other Activities Not Listed? Yes No _____

Event Coverage

Event Start date _____ Event End Date _____ Number of Set up Tear Down Days _____

Type of Event: Paintball Airsoft Archery Tag Foam Dart / Foam Bullet Weapons

Other type of event, please explain: _____

Description of event _____

Will this be an on-site or off-site event? If off-site, please explain: _____

How many participants will there be? _____

Will there be overnight camping? If yes, how many campers? Yes No _____

Number of Referees or Officials? _____

Are rentals offered? If yes, please explain. Yes No _____

What exposures do you offer? Please also complete the application section for any exposures indicated.

Exposure:

Approximate Annual Gross Receipts:

Registrations

\$ _____

Rentals

\$ _____

Paintballs

\$ _____

Pro Shop

\$ _____

Concessions

\$ _____

Other: _____

\$ _____

Total Annual Receipts:

\$ _____

Annual Facility Coverage

Desired Effective Date _____

Type of Operation (Check all that Apply): Paintball Airsoft Archery Tag Foam Dart / Foam Bullet Weapons

Other, please explain: _____

Number of participants annually: _____

Number of Referees / Officials: _____

Will there be overnight camping? If yes, please provide number of annual campers. Yes No _____

Do you offer rentals? If yes, please explain. Yes No _____

What exposures do you offer? Please also complete the application section for any exposures indicated.

Exposure:	Approximate Annual Gross Receipts:
Registrations	\$ _____
Rentals	\$ _____
Paintballs	\$ _____
Pro Shop	\$ _____
Concessions	\$ _____
Other: _____	\$ _____
Total Annual Receipts:	\$ _____

Additional Insureds

Standard Additional insureds are included at no additional cost. Please include a separate sheet if needed.

Full Legal Name, E-mail Address	Full Mailing Address (including City, State and Zip)	Relationship (see legend)	Endorsements
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, G - Governmental Agency, O - Other (include details)

Acknowledgments & Signatures

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted.

Signed for the Proposed Policyholder

Signed by Licensed Agent

Agency Name and License Number

Date

Agent Phone Number

Agent Email Address

Agency Mailing Address



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United States Fire Insurance Company. "A"
rated by A.M. Best Company.
A member of the Crum & Forster
group of companies.

Form: Paintball 03/2018