

APPLICANT

Legal Name of Applicant: _____

1) Is this a new operation? Yes No

If yes, please describe owner / operator's industry related experience: _____

2) Is the premises leased or owned? Leased Owned

3) Describe the indoor facility and outdoor field area? _____

4) Describe all security measures (perimeter fences, alarm system, cameras, etc.): _____

5) Are spectators allowed on the premises? Yes No

6) Are the playing areas clearly marked and the rules and regulations posted in clear view? Yes No

7) Is approved Paintball safety eye protection worn by all players during play? Yes No

8) Describe paintball marking devices used: _____

9) Range of velocity of paint pellets: _____ (feet per second)

10) Are players allowed to use their own guns and safety equipment? Yes No

If yes, is the equipment safety checked by a staff member prior to use? Yes No

11) Where are the CO₂ tanks stored and how are they secured? _____

12) Gross Receipts – Last Season: _____ This Season: _____

13) Is the facility open year-round? _____

14) Estimated TOTAL number of participants for the upcoming season: _____

15) Maximum number of participant per game (or allowed on the field) at any one time: _____

16) Minimum age allowed to play: _____

17) If equipment coverage is required – for what limit and where is the equipment stored when not in use? _____

18) Do all participants sign a waiver? Yes No

a. If no, please explain: _____

b. If yes, please provide a copy for our review. _____

BROKER INFORMATION:

Brokerage: _____

Contact: _____

Tel: _____

Fax: _____

Email: _____

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Insured Signature: _____

Date: _____

Broker Signature: _____

Date: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

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