



PAINTBALL LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant** (And all Subsidiaries):

2. **Mailing Address:**

Website Address: _____

3. Number of Field Locations: Indoor _____ Outdoor _____

Length of operating season if outdoors: _____

4. Is the playing area clearly marked?

5. Estimated no. of Players this season: _____ Maximum no. of players on field at any one time: _____

6. Minimum age required to play: _____

7. Is a waiver/release used for each participant? (Pls. attach copy) Yes No

8. Does the applicant provide rental of equipment? Yes No
Please describe:

9. Do you allow customers to use their own equipment? Yes No

Do you safety check customer guns and equipment? Yes No

10. What safety protection gear is required? _____

11. What safety protection gear is provided? _____

12. Are spectators allowed? Yes No
If Yes, do you use paintball netting for spectator area?

13. Describe any barriers or obstacles and their construction:

14. Any towers over 4 feet high? Yes No
If Yes, how high?

15. Are games always refereed? Yes No

16. Any night games? Yes No

17. Are safety rules and procedures posted on premises? Yes No
Where are they displayed?

18. Range of and velocity of paint pellets: _____

19. Are alcoholic beverages allowed on premises? Yes No

20. Do you have a snack bar or restaurant? Yes No

21. Estimated Payroll: _____ No. of principal(s) & employees: _____

Are all employees covered under WSIB? Yes No
If "No", please list numbers by job description and estimated payroll:

Numbers	Job Description	Estimated Payroll

22. Estimated Revenues:

Admission: _____ Equipment Sales: _____ Food: _____ Liquor: _____

23. Where are the CO2 tanks stored? _____

How are they secured? _____

24. Does applicant presently carry insurance? Yes No
If Yes, who is the present insurer:

Premium: _____ Limit: _____

Is the present insurance Claims Made? Yes No
If Yes, state retro date: _____

Are they willing to renew? Yes No
If No, please explain:

Does the policy cover all operations of the Insured? Yes No
If No, please describe:

25. **Claims History**

Include total costs from ground up for each claim, whether covered by insurance or not. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

26. Are you aware of any other incidents which may result in claims against you? Yes No
If Yes, give details:

27. **Non-Owned Automobile**

Number of employees using their automobile on company business:

Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details):

Please indicate limit(s) of liability required: _____

28. Please attach a copy of the waiver/release form that customers fill out.

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**