



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, IN 46801-2338
 1-877-355-0315 Fax 1-260-459-5990
 www.kandkinsurance.com
 CA# 0334819

PAINTBALL FIELD/COURSE SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Name of Insured: _____
 How long have you been involved with Paintball operations: _____
 Experience of management and staff: _____

PHYSICAL DESCRIPTION OF PREMISES

1. Number of Playing Fields: Indoor _____ Outdoor _____
 2. Total area: Square feet _____ Acres _____
 3. Outdoor fields: Natural _____ Man-made _____
 4. Description of fields (including terrain, fencing, obstacles etc.) _____

5. Describe any fox holes, rivers, structures, man made props or physical hazards: _____

6. Do you provide transportation to the fields? Yes No
 7. Do employees operate vehicles? Yes No
 8. Type of terrain driven on etc. _____

9. How far are fields from the camp? _____
 10. Are there adequate safeguards to prevent trespassers from inadvertently crossing a field of play? Yes No
 If yes, describe: _____

11. Are all field rules posted in conspicuous areas of the premises to ensure players are aware of their limitations? Yes No
 12. Are safety zones marked with signs indicating "no firing allowed"? Yes No
 13. How often is the Field inspected for hazardous conditions? _____
 14. What are the hours of operation? _____
 15. Is the operation seasonal? Yes No
 If yes, describe: _____

16. Is your facility equipped to allow for night play? Yes No
 If yes, describe: _____

OPERATIONS

17. Are all players required to use:
 ANSI approved headgear (including protection over eyes, ears and mouth): Yes No
 Barrel safety plugs or sleeves: Yes No
 18. Do they have an orientation meeting prior to the start of each game? Yes No
 19. Is there an audible signal to end each session to ensure all players disengage their weapons? Yes No

20. Are players permitted to bring their own equipment to the game including paintballs? Yes No
 If yes, does equipment meet National Paintball minimum standards governing markers, protective equipment and Paintball supplies? Yes No
21. What types of weapons are permitted? Handgun Rifle style Pump action Semi automatic
 Other _____
 If Semi automatic, what is the maximum number of balls per second? _____
22. Are all weapons checked with a chronometer and tagged during game registration? Yes No
23. What is the maximum velocity allowed (in feet per second)? Indoor _____ Outdoor _____
24. Are maintenance schedules kept for all equipment? Yes No
25. Are players permitted to set up their own fill stations? Yes No
26. Do you have a refill station at each field? Yes No
27. Amount of CO2 on site? _____
28. Does an employee or staff member operate the fill station? Yes No
 If yes, are they certified? Yes No
 If yes, by whom? _____
29. Number of players permitted on each field: _____
30. Are all players required to wear adequate playing gear/attire? Yes No
31. Minimum age requirement: _____
32. Are "spectators" permitted on the field during play? Yes No
33. Is there an area for "spectators"? Yes No
 If yes, describe location and protection. _____

34. Are referees instructed to stop play in the event of unsafe activities/participant injury? Yes No
35. What are the steps taken in the event a camper/participant violates one or more of the safety regulations? _____

MANAGEMENT

36. Is each player required to sign a Waiver of Liability containing a Hold Harmless Agreement? Yes No
37. How long are the files maintained? _____

MISCELLANEOUS

38. Do you operate any concessions from the premises? Yes No
 If yes, describe: _____
39. Do you have a field store or sell paintball supplies/equipment? Yes No
 If yes please detail the type of equipment sold: _____

40. Do you sell used, reconditioned or pre-owned equipment? Yes No
41. Are all sales on an as-is basis? Yes No

SUMMARY OF REQUESTED ITEMS

42. Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:
- Attach a copy of the Waiver with Hold Harmless including a copy of the List of Rules provided to each player.
 - Please complete the attached Field Diagram Supplement.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

 Applicant's Signature

 Date (MM/DD/YYYY)