

**DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.  
 2. Please fill in all the fields with the correct information.  
 3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

**Section 1: APPLICANT INFORMATION**

1. How did you hear about us?		
2. Company Name:	Business Name:	
3. Contact Name:	4. Website Address:	
5. Phone Number:	6. Email Address:	
7. Address of Applicant:		
City:	State:	Zip:

**Section 2: GENERAL INFORMATION (Continued)**

1. Which Locations?		
2. Dates of Event?	3. Estimated total participants?	
4. What hours will the trails operate?	5. How many trailers will be used?	
6. How many nights per week will the event take place?		
7. Is auto liability in place for the vehicle pulling the trailer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are trailers pulled at walking speed? (Estimated speed 3mph) <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Paths:	Are pathways lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are designated paths well marked so that employees in the field are not allowed to cross? <input type="checkbox"/> Yes <input type="checkbox"/> No Total number of employees/workers/volunteers:		
Are employees in the fields instructed to stay at least 20 feet from the path in order to stay clear of vehicles pulling trailers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Number of trucks/trailers in use?	Any Buses? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many?
Number of paths trailers use?		
Do employees on trailers have a two way radio to communicate with each other & the driver? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are controls & procedures in place for employee and participant safety? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Goggles: We would normally suggest the use of safety goggles, however due to temperature changes during this time of the year it could be hazardous due to the goggles fogging up with moisture. Will goggles be worn? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Section 2: GENERAL INFORMATION (Continued)**

11. Are the field owners GL coverage placed in AIG Sports program and actively inforce?  Yes  No

12. Are there Permanently installed on swivels that are welded down and can only swivel 45 degrees on the trailer with regular routine checks of the equipment to avoid accidental malfunction?  
 Yes  No

Since no other paintball weapons are allowed and the markers are fastened to permanently installed swivels, this ensures safety of all participants on the trailer

13. Will markers be checked routinely to avoid accidental malfunction?  Yes  No

14. Haunted Paintball Houses or Trails: Participants and Employees are required to wear full paintball gear including full facemasks; with the employees not shooting back at participants.

Are all controls and procedures in place for safety of all?  Yes  No

Are signed waivers required?  Yes  No

Estimated Total Gross Receipts:

**PLEASE CONTINUE ON TO SIGN SIGNATURE & FRAUD PAGES**

**Section 3: WARRANTY**

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

**Section 4: SIGNATURE**

Print Name of Applicant	Title:
Signature of Applicant (Mandatory)	Date:



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORDIA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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

Insured Signature:

Date: