



ARCHERY TAG / MOBILE LASER TAG APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- 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

POLICY RECOMMENDATIONS (Please check any you are interested in)

| | | |
|--|---|---|
| General Liability <input type="checkbox"/> | Accident Medical <input type="checkbox"/> | Earthquake <input type="checkbox"/> |
| Inland Marine <input type="checkbox"/> | Workers Compensation <input type="checkbox"/> | Commercial Auto <input type="checkbox"/> |
| EPLI <input type="checkbox"/> | Flood <input type="checkbox"/> | Hired & Non-Owned Auto <input type="checkbox"/> |
| Umbrella <input type="checkbox"/> | Abuse / Molestation <input type="checkbox"/> | Cyber Liability <input type="checkbox"/> |

Section 1: BUSINESS INFORMATION

| | | |
|---|---------|-----------------------------|
| 1. How did you hear about us? | | |
| 2. Type of Business: (please select) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC | | |
| 3. Business Name: | | DBA (if applicable): |
| 4. Contact Name: | | 5. Email Address: |
| 5. Business Phone: | 6. Fax: | 7. Cell: |
| 8. Birth Date: | | 9. Proposed Effective Date: |
| 10. Mailing Address: | | |
| City: | State: | Zip: |
| 11. Location Address: (If different) | | |
| City: | State: | Zip: |
| 12. Year Business Started: | | 13. FEIN/SS# |
| 14. Detailed description of operations: | | |

Section 2: INSURANCE AND PROPERTY INFORMATION

| | | |
|--|----------|--|
| 1. Current Insurance Carrier: | | |
| Policy Number: | Premium: | Expiration Date: |
| 2. Any incidents or claims whether reported or not in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If, yes please explain: | | |
| 3. Any policy declined, cancelled or non-renewed within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4. Are you within city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 5. Do you own or lease you property? <input type="checkbox"/> Own <input type="checkbox"/> Lease |
| 6. Name of Lessor/Landlord: | | |
| 7. Address Lessor Landlord: | | |

Section 2: INSURANCE AND PROPERTY INFORMATION (continued)

7. Name of other Additional Insured:

Address of other Additional Insured:

City:

State:

Zip:

Section 3: ESTIMATED PLAYERS & ANNUAL RECEIPTS

1. Estimated Number of Annual Participants:

2. Estimated Annual Gross Receipts from Admissions, Rentals, and BB's only:

3. Estimated Annual Gross Receipts from on site ProShop (upgrades, gloves, etc):

4. Estimated Annual Gross Receipts from concessions* (food, drinks, etc):

*unless contracted out and contractor carries their own insurance

5. Estimated Total Annual Gross Receipts:

Section 4: SUPPLEMENTAL QUESTIONNAIRE

1. Do you provide: Laser Tag Archery Tag

2. Years of laser tag or archery tag experience:

3. Years of Management experience:

Can the facility be locked? Yes No

4. Is this a mobile operation? Yes No If no, Is the facility enclosed or fenced? Yes No

5. What safety protection gear is required or provided?

6. Describe any barriers or obstacles and their construction:

7. Do you have any elevated structures? Yes No If so, how high is standing platform?

 If over 1 ft. please submit photos of the structure from all angles.

Are there stairs or ramps on the structures? Yes No

If so, are they built to code? Yes No

8. Is a waiver/release used for each participant? Yes No Submit a copy.

9. Do you have safety signs posted? (show on field diagram) Yes No

10. Are games always refereed? Yes No

11. Do you always have at least 2 refs per game? Yes No

Comment:

12. Is the customer's equipment checked before use to assure that it meets minimum safety requirements? Yes No

13. Total # of employees:

Are your employees trained in first aid? Yes No

14. Are there rules of play and are they posted? Submit a copy. Yes No

15. Any events such as big games or tournaments held on your premises that you run? Yes No

Section 4: SUPPLEMENTAL QUESTIONNAIRE (Continued)

16. Any special events such as big games or tournaments held on your premises that others run? (you must be named as additional insured on their insurance) Yes No

17. Any off premise events held? Yes No (special application needed for each event)
 (If you plan on doing off premise events in the next 12 months, we will need to know this prior to binding as it will affect which carrier we place you with.) If yes, how many?

18. Any overnight camping? (coverage is excluded unless added) Yes No

19. Do you have any other activities on this property other than what is listed above? If so, please explain.

20. Do you have a pro shop on site? Yes No

21. Do you have a pro shop at a different location? Yes No

22. Do you want coverage for retail sales from your pro shop? Yes No

Do you want Property/Inland Marine (equipment) coverage for your contents? Yes No
 (a separate application is required for this)

Section 5: FIELD SAFETY RULES

In order for this association to provide a long term viable insurance program there will be some mandatory rules for safety that must be adopted and enforced. It is each member's responsibility to maintain a safe environment for players to be able to enjoy themselves and want to return. In order to maintain low rates we will adopt and agree to the following safety rules:

1. Strict control exercised over all areas e.g.
 A. Entrance to field B. Parking areas C. Staging areas
 D. Sales and service areas E. Viewing areas F. Playing fields

2. All personnel should be fully & properly trained:
 A. Referees B. Counter/sales persons C. Field maintenance persons

3. Maintain proper equipment on premises
 A. Maintain equipment
 B. Goggle/ Full face mask system with ear protection per definition below. Wash, disinfect, remove lens, and inspect for cracks, on every goggle system often after each daily use or as recommended by manufacturer. Replace lens as per manufacturers recommendations or earlier.
 C. Maintain a properly stocked first aid kit on premises.
 D. Maintain some communication from field to emergency sources, I.e. cellular phone, etc.

4. Required safety meeting for all new participants daily. Explain safety issues, goggle issues and procedures, etc.

5. Mandatory ejection of players removing goggle/ full -face mask system while in goggle on areas after being personally warned: A. Playing field B. Chronograph area C. Other shooting areas

6. Have posted "Goggle On Area" signs before entering field area. Also one "Goggles on" sign 50 feet past entrance to fields as a reminder.

7. Have posted the "Player Safety Rules" where the Counter and Sales office is.



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Section 5: FIELD SAFETY RULES (Continued)

8. Recommend ejection of players from your field for the following reasons:

- A. Removing or lifting goggle/ face mask system after first warning.
- B. Any fighting with other players or referees
- C. Failure to play in a safe manner.
- D. Any player that his/her actions would make it not pleasurable for others to return to play & have fun.

9. Have personnel that on a weekly basis inspect the fields for any type of hazard that might have developed since the last week. Look for any nails sticking out of boards, any objects that might be sticking out of the ground. If trees are cut make sure the stumps are removed as not to have a tripping injury. Show pride of ownership in your fields.

We hereby agree to train our employees and to follow the above-mentioned rules. This will help to promote safe and a more affordable insurance program.

Owner Signature:

Business Name:

Address of Lessor/Landlord:

City:

State:

Zip:

PLEASE CONTINUE ON TO SIGN THE SIGNATURE & FRAUD PAGE

Section 6: Cyber Liability

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

Section 7: 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 8: SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:

SUBMISSION CHECKLIST

We must receive a copy of these documents with your application:

Copy of Waiver

Diagram of premises

Copy of rules of play

Signed safety rules

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 FLORIDA: 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:

SAVE APPLICATION