



EZ RENEWAL APPLICATION

Paintball/Airsoft/Laser Tag

Directions for completing this editable pdf form: You do not have to print this Application! Place your cursor on top to view directions in the pop up window of the first field line and click on field. Type in the correct information on the field and hit the tab key to move to the next field or use your cursor and click on the next field. For check boxes use your mouse and click on the correct box or use the spacebar key to check or uncheck the box. After completing this form click on the submit button to save the completed form and attach the form to an e-mail. Send it to apps@coasioinsurance.com.

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Field Address no.1: _____

City: _____ State: _____ Zip code: _____

Field Address no.2: _____

City: _____ State: _____ Zip code: _____

Estimated Players and Annual Receipts from 2008-2009

Estimated Number or Annual Participants: _____

Estimated Annual Gross Receipts from Admissions, Rentals, and Paintballs only: _____

Estimated Annual Gross Receipts from on site Pro Shop (upgrades, gloves, etc): _____

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

*unless contracted out and contractor carries their own insurance

Estimated Total Annual Gross Receipts: _____

Estimated Players and Annual Receipts from 2009-2010

Estimated Number or Annual Participants: _____

Estimated Annual Gross Receipts from Admissions, Rentals, and Paintballs only: _____

Estimated Annual Gross Receipts from on site Pro Shop (upgrades, gloves, etc): _____

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

*unless contracted out and contractor carries their own insurance

Estimated Total Annual Gross Receipts: _____



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Have you made any changes to your field operations since your 2008-2009 application?

☐ yes

☐ no

If so explain: _____

Do you have a pro shop on site?

☐ yes

☐ no

Do you have a pro shop at a different location?

☐ yes

☐ no

Do you want coverage for retail sales from your pro shop?

☐ yes

☐ no

At your pro shop do you repair or modify markers?

☐ yes

☐ no

Are you planning on any off premise events in the next 12 months?

☐ yes

☐ no

Name: _____

Signature: _____ Date: _____

FYI, we write with 3 different insurance companies to bring you the best price, coverage, and flexibility.

By completing this EZ Renewal app you no longer have to do a full application and give us the information we need to provide you with the best quote. Another great service from the CIA!

SUBMIT