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COSSIO INSURANCE AGENCY

# Quote Overview

7/18/2012

Company Name: **Whil Arntzen**
Contact Name: **Whil Arntzen**
Mailing Address: **9129 Prosperity Lake Drive, Jacksonville, FL 32244**
Location Address: **8963 103rd Street, Jacksonville, FL 32210**
Business Type: **Paintball Field**

**POLICY RECOMMENDATIONS:**

| **Policy Type** | | **Premium** |
|---|---|---|
| **Paintball GL** | **Quoted** | **$1,125.00** |
| **Accident Medical** | **Quoted** | **$236.00** |
| Property | Not Quoted | |
| Workers Comp | Not Quoted | |
| EPLI | Not Quoted | |
| Flood | Not Quoted | |
| Earthquake | Not Quoted | |
| Commercial Auto | Not Quoted | |
| Hired/Non-Owned Auto | Not Quoted | |
| Umbrella | Not Quoted | |
| Business Income | Not Quoted | |
| **Total** | | **$1,361.00** |

**Rated Exposures**

Number of Participants: **2000**
Retail Sales Coverage: **Excluded**
Overnight Campers: **Excluded**
Off Premise events: **Excluded**
Modes of Fire Covered: **Semi Auto/Ramping**
New Business: **Yes**
Tournament Promoter: **Excluded**
Activities: **Paintball, Laser Tag and Airsoft**

| **Payment Options** | Check | Credit Card | Wire Transfer |
|---|---|---|---|
| Pay In Full | $1,361.00 | $1,415.44 | $1,386.00 |

**DOCUMENTS REQUIRED PRIOR TO BINDING:**

1. **COMPLETED & SIGNED INSURANCE BIND REQUEST FORM**
2. **COMPLETED & SIGNED INSURANCE APPLICATION**
3. **SIGNED SPECIAL RISK ENROLLMENT FORM**
4. **SIGNED STATEMENT CONFIRMING:**
   **20 FT NETTING WILL BE PLACED AROUND THE PARKING LOT.**
   **SAFETY SIGNS WILL BE POSTED.**

Policy coverages, limits, exclusions are on following pages.

107 Old Laurens Rd. Simpsonville, SC 29681
Phone: 864-688-0121 Fax: 864-688-0138

## Paintball GL

Carrier: **Riverport Insurance Company (MINNEAPOLIS, MN)**
Policy Term: **Annual**

**LIMITS**

| | |
|---|---|
| Per Occurrence | $1,000,000 |
| Aggregate | $3,000,000 |
| Products/comp Ops Aggregate | $1,000,000 |
| Personal Injury and Advertising Injury | $1,000,000 |
| Coverage for Participants | Included |
| Coverage for Spectators | Included |
| Medical Expenses - Any One Person | Excluded |
| Fire Damage | $300,000 |
| Deductible | None |

**EXCLUSIONS**

Nuclear Energy
Professional Liability Exclusion
Abuse or molestation, aircraft, all acts of terrorism, asbestos liability, assault and battery, collapse of temporary structure, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, professional liability, pyrotechnics activity, total pollution, war liability, violation of Telephone Consumer Protection Act or CAN-SPAM Act and liability for occurrences prior to the effective date of coverage. There is no liability coverage for claims arising out of any of the following activities: All motor sports, ballooning, bungee jumping, cheerleading pyramids, gymnastics, luge, mountain climbing, parachuting, polo, rock climbing, rodeo or any equestrian related sports, skin diving, SCUBA diving, snow skiing, squash, tobogganing, use of saunas or other tanning devices, use of trampolines, water slides, white water rafting or any saddle animal exposures.

## Accident Medical

Carrier: **StarNet Insurance Company**
Policy Term: **Annual**

**LIMITS**

| | |
|---|---|
| Maximum Medical Benefit per Claim | $50,000 |
| Accidental Death/Dismemberment Benefit per Claim | $50,000 |
| Deductible | $250 |

**EXCLUSIONS**

Sickness or disease in any form, except pyogenic infections due to an accident cut or wound
The use of drugs or narcotics, unless administered under the advice of a physician
War or any act of war, whether or not declared.
Participation in any riot or civil commotion
Air travel or the use of any device or equipment for aerial navigation
Except as fare-paying passenger on a regularly scheduled commercial airline
Suicide or any attempt threat or any self-inflicted injury.
Medical service provided by any person or facility employed by the policyholder.
Medical service provided by any member of the Insured Person's family or household.
Dental treatment, except as a result of a covered injury
The repair or replacement of any artificial dental restoration
Expenses payable under any Workers Compensation Law or similar legislation
Injury sustained while riding in or any two or three engine driven vehicle.

**CONDITIONS**

- **All participants must be required to wear approved mask and ear protection at all times.**
- **Barrel blockers must be used when not in play.**
- **There must be a minimum of 2 officials on each field.**
- **Waivers must be signed by all participants.**
- **All CO2 or nitrogen tanks must be chained securely at all times and the use of scales for CO2 refills is mandatory.**
- **Each park must have a no shooting rule within 20 ft except tournament play where there is at least one official for every 5 players**
- **There must be 2 officials for every 15 players for speed ball.**
- **10 or less players must have 1 official.**
- **Policyholders must install a Release and Waiver of Liability and Indemnity Agreement for all athletic participants.**
- **Night games must be well lit**

**QUOTE SUBJECT TO:**
**1. No previous claims or losses**

**NOTES**

- **POLICY IS FULLY EARNED – PREMIUM IS NON-REFUNDABLE ONCE COVERAGE BEGINS.**
- **Minimum earned premium applies**
- **Requests for additional insured's or special wording may be subject to a fee as determined by your insurance carrier.**
- **We can arrange premium financing if you cannot pay in full. If you choose to make a down payment, we also need the attached finance agreement signed for the remaining balance before we can bind coverage.**
- **The quoted provided for you is intended as an outline of the coverage being offered. Please refer to the actual policy for all terms, conditions and exclusions.**
- **Riverport Insurance Company and StarNet Insurance Company are admitted carriers in your state.**

We would like to thank you for the opportunity to quote and hopefully provide our insurance services for your business. We pride ourselves in our customer service and ability to provide coverage that other agencies cannot.

Please review the coverage(s) and premium(s) and let us know your decision. We look forward to working with you.

Respectfully

*Larry Cossio*

107 Old Laurens Rd. Simpsonville, SC 29681
Phone: 864-688-0121 Fax: 864-688-0138

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# INSURANCE BIND REQUEST

**Wednesday, July 18, 2012**

COSSIO INSURANCE AGENCY
PHONE 864-688-0121 FAX 864-688-0138

**Total premium with taxes and fees: $1,361.00**
**Broker of Record: Cossio Insurance Agency**

**Customer: Whil Arntzen (52142)**
**Requested Effective: 9/1/2012**

**Please bind coverage for:**
- Paintball GL
- Accident Medical

***Minimum Earned Premium is $1,361.00*** Taxes and fees are fully earned.
**Payment Terms:**

____Check
____Credit Card (processing fee of 4% will be added)
____Wire Transfer (processing fee of $25 will be added)

I would also like _____ included as:____Landlord____Loss Payee____Additional Insured

I understand that:
* All fees are fully earned upon binding. Minimum earned premium applies.
* Requests for additional insured's or special wording may be subject to a fee as determined by your insurance carrier.

| **I decline coverage for** | **Initials** |
|---|---|
| Property | _____ |
| Workers Comp | _____ |
| EPLI | _____ |
| Flood | _____ |
| Earthquake | _____ |
| Commercial Auto | _____ |
| Hired/Non-Owned Auto | _____ |
| Umbrella | _____ |
| Business Income | _____ |

Finally, please make Cossio Insurance Agency my broker of record for this policy.

Thank you

Signature of Insured _____

Name _____

Date _____

General Mailing Address:
PO Box 188
Simpsonville, SC 29681

Overnight Mailing Address:
107 Old Laurens Road
Simpsonville, SC 29681

Wire Transfer:
South Carolina Bank and Trust, NA
PO Box 1287
Orangeburg SC 29116
Telephone: 800-277-2175
Account #: 1502681
Routing #: 053200983

# Paintball / Lasertag / Airsoft Insurance Application

COSSIO INSURANCE AGENCY

## Business Information

Proposed Effective date: 09/01/2012

Business Name: WHIL'S PAINTBALL

Name of Facility: WHIL'S PAINTBALL

Business Type: ☑ Individual ☐ Partnership ☐ Corporation

Contact Name: Whil Arntzen E-Mail Address: whil.arntzen@comcast.net

Business Phone: (902) 651-7520 Fax: Cell:

Mailing Address: 9129 Prosperity Lake Drive

City: Jacksonville State: FL Zip: 32244

Location Address: (If different from Mailing Address

Address: 8963 103rd Street

City: Jacksonville State: FL Zip: 32210

Web address: www.whil'spaintball.com

Federal Employee ID #: Year Business Started: 2013

Description of operations:
1 Speedball Field, 1 Scenario Field

## Insurance and Property Information

Current Insurance Carrier:

Policy Number: Premium: Expiration Date:

Any incidents or claims whether reported or not in the last 5 years? ☐ Yes ☑ No

If yes, please explain:

Any policy declined, cancelled or non-renewed within the past 3 years ☐ Yes ☑ No

Are you within city limits? ☐ Yes ☑ No

Do you own or lease your property? ☐ Own ☑ Lease

Name of Lessor/Landlord: Metro Land Management & 103rd Joint Property

Address of Lessor/Landlord: 8719 W. Beaver St.

City: Jacksonville State: FL Zip: 32220

Name of Additional Insured: Metro Land Management & 103rd Joint Property

Address of Additional Insured: 8719 W. Beaver St.

City: Jacksonville State: FL Zip: 32220

## Estimated Players and Annual Receipts

Estimated Number or Annual Participants: 2000

Estimated Annual Gross Receipts from Admissions, Rentals, and Paintballs only: 50000

Estimated Annual Gross Receipts from on site Pro Shop (upgrades, gloves, etc): 0

Estimated Annual Gross Receipts from concessions* (food, drinks, etc): 0

*unless contracted out and contractor carries their own insurance

Estimated Total Annual Gross Receipts: 50000

## Paintball, Airsoft, Laser Tag Supplemental Questionaire

1. Do you provide: ☑ Paintball ☐ Laser Tag ☐ Airsoft

2. Years of paintball , lasertag or airsoft experience: 12

3. Years of Management experience: 1

4. Is the facility enclosed or fenced? neither
   Can the facility be locked? No

5. What safety protection gear is required or provided?
   Barrel Plugs,Masks

6. Describe any barriers or obstacles and their construction.
   Speedball Field,Scenario Field

7. Any towers over 4 feet high? ☐ Yes ☑ No
   If yes, how high?

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

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

13. How often is your equipment tested and velocity checked? Once a day

PLS INITIAL

14. Are your employees trained in first aid? ☑ Yes ☐ No

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

16. Do you use paintball netting for spectator areas? ☒ Yes ☐ No
Who did you purchase your netting from?
Date purchased

17. Have you tested your netting to the ASTM standard in the last 3 months ☑ Yes ☐ No

18. Did it pass? ☑ Yes ☐ No

19. Do you have boundary tape to keep spectators 5 feet back from netting ☑ Yes ☐ No

20. Do you and your employees have training to do air fills? ☑ Yes ☐ No

Cossio Insurance Agency
PO Box 188 Simpsonville, SC 29681
E-mail: apps@cossioinsurance.com
Phone: (864) 688 - 0121
Fax: (864) 688 - 0138

21. Are all air tanks always tied, chained or strapped to a solid fixture? ☑ Yes ☐ No

22. Any special events such as big games or tournaments held on your premises that you run? ☐ Yes ☑ No

23. 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

24. Any off premise events held? ☐ Yes ☑ No
(special application needed for each event)

25. Any overnight camping? (coverage for this exposure extra) ☐ Yes ☑ No

26. Any night games? ☐ Yes ☑ No

27. Any Tanks allowed during events? ☐ Yes ☑ No
(coverage for field owner extra)

28. Use of Lars Rocket Launchers? ☐ Yes ☑ No

29. What modes of fire do you allow?
☑ Semi Auto ☐ Burst ☑ Ramping ☐ Full Auto

30. Each park must have a no shooting rule within 20 ft except tournament play where there is one official for every 5 players. Do you adopt this rule? ☑ Yes ☐ No

31. Do you have any other activities on this property other than what is listed above? ☐ Yes ☑ No
If so, please explain.

32. Do you repair or modify markers at the field? ☐ Yes ☑ No

33. Do you have a pro shop on site? ☐ Yes ☑ No

34. Do you have a pro shop at a different location? ☐ Yes ☑ No

35. Do you want coverage for retail sales from your pro shop? ☐ Yes ☑ No

Do you want liability coverage for retail sales from your pro shop? ☐ Yes ☑ No

Do you want property coverage for your contents of your pro shop or field? ☐ Yes ☑ No
(a separate application is required for this)

36. At your pro shop do you repair or modify markers? ☐ Yes ☑ No

Name: Whil Arntzen

Signature: _____ Date: 07/08/2012

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# AGREEMENT TO ADOPT AND FOLLOW 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. Fill station attendants C. Counter/sales persons
   D. Chronograph person E. Field maintenance persons

3. Maintain proper equipment on premises
   A. Maintain markers
   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 at least 1 chronograph with backup battery.
   D. Have a working scale and use it for weighing CO2 bottles.
   E. Have enough barrel blocking devices for all rental equipment and have some for sale in case customers have lost theirs.
   F. Maintain a properly stocked first aid kit on premises.
   G. 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. Trigger guards mandatory as per guidelines below.

6. 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

7. Mandatory "barrel blocking device" enforcement in all areas excluding the playing fields when in play. A barrel blocking device is exactly that, an accepted blocking device designed to fit in the end or over the end of a barrel, not a stick squeegee, a pull squeegee, a sock or towel! Barrel Blocking Device required signs at:
   A. Entering and exiting playing areas B. Entering and exiting chronograph areas
   C. Entering and exiting target areas D. Parking areas
   E. Staging areas F. Counter or Sales areas

8. Have safety netting that will stop a paintball at 300 fps at 15-ft distance (10 shots) in 4 inch circle, around all areas where necessary and maintained and checked regularly:
   A. Chronograph area B. Separation between staging area and fields
   C. Anyplace where paintballs may pass into public transportation space if close enough to field

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

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

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11. Have all guns chronographed before entering the field area before each set of games. Have a chronograph referee there to verify. We recommend for safety reasons that the recommended velocity for casual play should be no more than 285 fps. Indoor at 250 fps. The maximum velocity for tournament practice or play is 300 fps.

12. 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 and have fun.

13. 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.

14. Do not allow players to bring their own fill stations. All tanks must be tied to a tree or pole or be in the field's service area to provide a safe environment for all. If filling CO2 then a scale must be used. No tanks will just be laying on a tailgate. If in the back of a truck it must be tied down! No exceptions. All tanks will be inspected for expiration date.

15. Test netting to be used at field where it is to be a no mask area. Netting must pass the simple performance test below. If it fails then everyone will be required to have mask on while on the property.

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

Name: Whil Arntzen

Signature: _____ Date: 07/08/2012

**PAINTBALL NETTING TESTING STANDARD 1/1/2001**

Stand 15 feet from net, shoot 10 shots in same spot 4" diameter, 300 fps. No parts of the shell may pass thru the netting larger than 3 by 5 mm. Rectangle. Bunkers to be 20 feet from netting. 5 foot boundary on outside of netting.

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

1. Copy of Waiver
2. Copy of rules of play
3. Diagram of premises
4. Signed safety rules

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# Special Risk Enrollment Form
# Participant Accident Insurance and General Liability Insurance

1. Name of Policyholder: Whil Arntzen
2. Nature of Business: Paintball / Laser Tag / Airsoft
3. Mailing Address: 9129 Prosperity Lake Drive, Jacksonville FL 32244
4. Physical Address: 8963 103rd Street, Jacksonville FL 32210
5. Effective Date of Coverage: 9/1/2012 (mm/dd/yy)
6. Termination Date of Coverage: 9/1/2013 (mm/dd/yy)
7. Period of Coverage: 52 Weeks
8. Covered Activity: Paintball / Laser Tag / Airsoft
9. Plan of Benefits:

| | |
|---|---|
| Maximum Medical Expense Benefit – Per Person: | $ 50,000 |
| Accidental Death & Dismemberment Benefit Principal Sum: | $ 50,000 |
| Deductible Amount: | $ 250 Per Injury |
| Optional Heart/Circulatory Endorsement: | Included |
| Liability Coverage: General Aggregate: | $2,000,000 |
| Liability Coverage: Each Occurrence: | $1,000,000 |

10. Plan Types:

I understand and agree that (a) if this application is accepted by the Company, coverage will begin on the date of acceptance or on the date requested in Question [4] above, whichever is later, subject to the payment of the required premium, and (b) no contribution to the premium will be made by an insured person. Premium computation is subject to audit. It is also understood that no agent is authorized to accept risks or pass on insurability.

Payment Information:

| | |
|---|---|
| Check | Make Check payable to Cossio Insurance Agency |
| Credit Card | Please complete the attached credit card authorization form |

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files claims containing false or deceptive statement may be guilty of insurance fraud.

Policyholder Signature: _____

| Whil Arntzen | Owner | (904) 651-7520 |
|---|---|---|
| Name | Title of Group Official | Phone |

*For Agency Use Only*
Premium Computation:

| **Classification of Insured Persons** | **Number Eligible** | | **Rate** | **Total Rate** |
|---|---|---|---|---|
| Paintball/Airsoft/Laser Tag – Accident Medical | 2000 | X | | |
| Paintball/Airsoft/Laser Tag – General Liability | 2000 | X | | |
| Retail Sales | 50000 | X | | |
| | **Total Premium Due Company =** | | $ | |

Agent Name and Address: Lawrence Cossio PO Box 188 Simpsonville, SC 29681

| _____ | _____ | _____ |
|---|---|---|
| Agent License No: | Agent Signature | Date |

ANL-SR02 App

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COSSIO INSURANCE AGENCY

INSURED BY THE CIA

PO Box 188
Simpsonville, SC 29681
(864) 688 - 0121
(864) 688 - 0138 fax

Customer ID Number : 52142 Whil Arntzen

# CREDIT CARD AUTHORIZATION

**There is an additional processing fee of 4% that I am obliged to pay for the ability to use a credit card to pay for my insurance premium, in part or in full. This is an optional charge that I can avoid paying by using a check or wire fund transfer to pay any amounts associated with the cost of my insurance premium.**

**Example: If my insurance premium that I want to use my credit card to pay is $1000, the amount to be charged to the credit card including the above fee will be $1040.**

Billing Information:

Check one: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Authorized Dollar Amount to be charged: $ $1,415.44
Credit card Number:_____ Exp Date: _____
Name on Card:_____
Billing Zip code/House number:_____
Telephone Number:_____
The Three Digit from the back of card: _____

By the signing of this form, I agree that faxed signatures are acceptable to charge my credit card and authorize the above company to charge the dollar amount indicated above onto the Credit Card.

Signature: _____Date: _____

| | |
|---|---|
| **Payment $** | $1,361.00 |
| **Credit Card Fee $** | $54.44 |
| **Total $** | $1,415.44 |