



PAINTBALL/AIRSOFT/LASER TAG RENEWAL 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: General Information

1. Customer ID:	2. Company Name:	
3. Business Name (DBA, if applicable):		
4. Check all activities that apply: <input type="checkbox"/> Paintball <input type="checkbox"/> Airsoft <input type="checkbox"/> Lasertag <input type="checkbox"/> Nerf <input type="checkbox"/> Archery Tag		
5. Mailing Address:		
City:	State:	Zip:
6. Field Address #1:		
City:	State:	Zip:
7. Field Address #2:		
City:	State:	Zip:
8. Field Address #3:		
City:	State:	Zip:
9. Field Address #4:		
City:	State:	Zip:
10. Field Address #5:		
City:	State:	Zip:

Section 2: ACTUAL PLAYERS & ANNUAL RECEIPTS FROM PREVIOUS YEAR

1. Actual Number of Annual Participant:
2. Actual Annual Gross Receipts from Admission, Rentals, and Paintballs only:
3. Actual Annual Gross Receipts from on site Pro Shop (upgrades, gloves, etc):
4. Actual Annual Gross Receipts from concessions* (food, drinks, etc): *unless contracted out and contractor carries their own insurance
5. Actual Total Annual Gross Receipts:



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Section 3: ESTIMATED PLAYERS & ANNUAL RECEIPTS FOR UPCOMING YEAR

1. Estimated Number of Annual Participant:

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

3. Estimated Annual Gross Receipts from on site Pro Shop (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: ADDITIONAL QUESTIONS

1. Have you made any changes to your field operations since your last application? ☐ Yes ☐ No

If so explain:

2. 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

3. 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 you pro shop do you repair or modify markers? ☐ Yes ☐ No

4. Do you allow paintballs other than the traditional ones such as First Strike? ☐ Yes ☐ No

5. Are your planning on any off premise events in the next 12 months? ☐ Yes ☐ No

If yes, how many?

6. Please indicate which modes of fire you allow: ☐ Semi Auto ☐ Burst ☐ Ramping ☐ Full Auto

7. Do you allow overnight campers? ☐ Yes ☐ No If yes, how many expected per year?

8. Landlord Name:

Address:

City:

State:

Zip:

PLEASE CONTINUE TO NEXT PAGE TO SIGN THE SAFETY AGREEMENT



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 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, ie. cellular phone, etc.

4. Required safety meeting for all new participants. dally. Explaining 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 area

7. Mandatory "barrel blocking device" enforcement i n 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, 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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FIELD SAFETY RULES

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 or 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.

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.

PAINTBALL NETTING TESTING STANDARD 1/1/2001

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

16. Tanks, Drones & First Strike Type Paintball Rounds are NOT allowed.

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.

Owner Signature:

Business Name:



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Section 3: Cyber Liability

1. Do you process payment cards? ☐ Yes ☐ No

2. Estimated annual number of payment card transactions

Section 4: 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 5: 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 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