THE CIA
Cossio Insurance Agency

Insured by The CIA

4/3/2013

Company Name: **Out of the Box Industries**
Contact Name: **Jonah Mullins**
Mailing Address: **30 Angela Drive, Athens, OH 45701**
Business Type: **Airsoft Field**

POLICY RECOMMENDATIONS:

Policy Type		**Premium**
Abuse and Molestation	Not Quoted	
Business Income	Not Quoted	
Workers Comp	Not Quoted	
EPLI	Not Quoted	
Earthquake	Not Quoted	
Flood	Not Quoted	
Crime Coverage	Not Quoted	
Commercial Umbrella	Not Quoted	
Commercial Auto	Not Quoted	
Hired/Non-Owned Auto	Not Quoted	
Property	Not Quoted	
Accident Medical	**Quoted**	**$250.00**
Airsoft GL	**Quoted**	**$1,293.01**
Total		**$1,543.01**

Rated Exposures

Number of Participants: **1500**
Retail Sales Coverage: **Excluded**
Overnight Campers: **Excluded**
Off Premise events: **Excluded**
Modes of Fire Covered: **Full Auto**
New Business: **Yes**
Tournament Promoter: **Yes**
Activities: **Airsoft**

Payment Options	Check	Credit Card	Wire Transfer
Pay In Full	$1,543.01	$1,604.73	$1,568.01

DOCUMENTS REQUIRED PRIOR TO BINDING:

1. **COMPLETED & SIGNED INSURANCE BIND REQUEST FORM**
2. **SIGNED SPECIAL RISK ENROLLMENT FORM**
3. **SIGNED & DATED APPLICATION (PLEASE INITIAL THE AREAS WHERE WE MADE CHANGES ON APP PER OUR PROGRAM GUILD LINES)**

Policy coverages, limits, exclusions are on following pages.

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

Airsoft GL

Carrier: **Lexington Insurance CO (BOSTON, MA)**
Policy Term: **2013-2014**

LIMITS

Per Occurrence	$1,000,000
Aggregate	$3,000,000
Products and Completed Operations Aggregate	$3,000,000
Personal and Advertising Injury	$1,000,000
Damages to Premises Rented	$100,000
Coverage for Participants	Included
Coverage for Spectators	Included
Deductible	None

EXCLUSIONS

Fungus, Abuse and Molestation, Employment Practices, Total Pollution, Nuclear, Fireworks, Assault and Battery, Hang Gliding, Parasailing, Parachuting, Tobogganing, Luge, Skateboarding, Trampolines, Mechanical Bulls, Saddle Animals, Velcro Jumps, Rodeo, Race Track Risk, Boating, Motorsports, Bungee Jumping, Medical Payments, Violation of Statutes, Asbestos, Hot Air Balloons, Total Lead, Radioactive Matter, Liability Afforded Under Another Policy.

Accident Medical

Carrier: **United States Fire Insurance Company**
Policy Term: **2013-2014**

LIMITS

Accidental Death & Dismemberment	$50,000
Maximum Benefit Amount	$50,000
Deductible	$0

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.
Injuries paid under workers' compensation, employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Subscriber. See policy for complete list of exclusions.

CONDITIONS

- **All participants must be required to wear approved mask and ear protection at all times.**
- **Barrel guards 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 one**
- **official for every 5 players**
- **There must be 1 official for every 15 players for speed ball and tournaments**
- **10 or less players must have at least 1 official**
- **Policyholders must install a Release and Waiver of Liability and Indemnity Agreement for all athletic participants.**
- **Night games must be well lit**

NOTES

- **All fees are fully earned upon binding**
- **Minimum earned premium applies.**
- **Premium is fully earned at 100% and non-refundable once coverage applies**
- **Requests for additional insured's or special wording may be subject to a fee as determined by your insurance carrier.**
- **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.**
- **United States Fire Insurance Company is an admitted carrier in your state.**
- **Quote is valid for 30 days & subject to correction**

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

INSURANCE BIND REQUEST

Wednesday, April 03, 2013

THE CIA
Cossio Insurance Agency

Phone: 864-688-0121
Fax: 864-688-0138

Customer: Out of the Box Industries (53776)
Requested Effective: 4/5/2013

Total premium with taxes and fees: $1,543.01

Broker of Record: Cossio Insurance Agency

Down Payment Required is $1,543.01 *
*Amount is non-refundable once coverage begins
Taxes and fees are fully earned.

Payment Terms:
____ Check
____ Credit Card (4% processing fee will be added)
____ Wire Transfer ($25 will be added for processing fee)

I understand that:

1. All fees are fully earned upon binding. *Minimum earned premium applies. Initial _____

2. Requests for Additional Insured's or special wording may be subject to a fee determined by your insurance carrier. Initial ____

I decline coverage for	Initials
Abuse and Molestation	_____
Business Income	_____
Workers Comp	_____
EPLI	_____
Earthquake	_____
Flood	_____
Crime Coverage	_____
Commercial Umbrella	_____
Commercial Auto	_____
Hired/Non-Owned Auto	_____
Property	_____

Please make Cossio Insurance Agency my broker of record for this policy.

Thank you

Signature of Insured _____

Printed Name _____ Date: _____

Please bind coverage for:
- Airsoft GL
- Accident Medical

General Mailing Address:
PO Box 188
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

UPS/FedEx Mailing Address:
107 Old Laurens Road
Simpsonville, SC 29681

ENROLLMENT FORM FOR ACCIDENT INSURANCE

Policyholder Name: Out of the Box Industries

Policyholder Mailing Address: 30 Angela Drive

City: Athens State: OH Zip: 45701

Field Address: Airsoft Promoter

City: _____ State: _____ Zip: _____

Policyholder Contact Name: Jonah Mullins Policyholder Email Address: outoftheboxindustries@gmail.con

Effective Date: 04/05/13 Expiration Date: 04/05/2014

Covered Activity: Airsoft Promoter

Plan of Benefits Per Quotation:

Accident Insurance – Maximum Medical Expense Benefit: $ 50,000

☐ Excess Coverage ☐ Primary Coverage

Accident Insurance – Accidental Death & Dismemberment Benefit: $ 50,000

Accident Insurance – Deductible: $ 0

Total Accident Premium: $ 250

Non-Refundable Fully Earned Minimum Premium at policy inception: $ 250

Number of Participants: _____

By signing below 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 effective date indicated above, whichever is later, subject to the payment of the required premium, It is also understood that no agent is authorized to accept risks or pass on insurability.

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

Acceptance of Terms above:

Policyholder Signature: _____ Title: _____ Date: _____

Print Policyholder Name: _____

Agency Information (If applicable):

Agency Name: Cossio Insurance Agency

Agent Mailing Address: PO Box 188 Simpsonville SC 29681

Street City State Zip

Agent Contact Name: Larry Cossio Agent License #: _____

Agent Email Address: _____ Agent Phone #: _____

AIRSOFT INSURANCE APPLICATION

Cossio Insurance Agency 864-688-0121 Fax: 864-688-0138 PO Box 188 Simpsonville SC 29681

Section 1: GENERAL INFORMATION

Business Name: Out of the Box Industries

Proposed Effective Date 03/16/2013

Type of Business: ☐ Individual ☑ Partnership ☐ Corporation

Contact Name: Jonah Mullins Birth Date: 04/26/1980

Business Phone: (740) 707-4145 Fax: Cell:

E-Mail Address: outoftheboxindustries@gmail.com Website: www.outoftheboxindustries.com

Mailing Address: 30 Angela Drive

City: Athens State: OH Zip Code: 45701

Location Address: (If different from Mailing Address)

Mailing Address: 30 Angela Drive

City: Athens State: OH Zip Code: 45701

Federal Employee ID #: n/a Year Business Started: 2009

Description of operations:
We are an airsoft promotion and event hosting organization who operates primarily in Ohio but are looking to expand out to a more national audience.

Section 2: INSURANCE & PROPERTY INFORMATION

Current Insurance Carrier: none

Policy Number: n/a Premium: n/a Expiration Date: n/a

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:

Address of Lessor/Landlord:

City: State: Zip Code:

Name of Additional Insured:

Address of Additional Insured:

City: State: Zip Code:

THE CIA — AIRSOFT INSURANCE APPLICATION

Cossio Insurance Agency **864-688-0121** **Fax: 864-688-0138** **PO Box 188 Simpsonville SC 29681**

Section 3: ESTIMATED PLAYERS & ANNUAL RECEIPTS

Estimated Number or Annual Participants:	1500.00
Estimated Annual Gross Receipts from Admissions, Rentals, and Paintballs only:	15000
Estimated Annual Gross Receipts from on site Pro Shop (upgrades, gloves, etc):	0
Estimated Annual Gross Receipts from concessions* (food, drinks, etc): *unless contracted out and contractor carries their own insurance	0
Estimated Total Annual Gross Receipts:	15000

Section 4: SUPPLEMENTAL QUESTIONAIRE

Do you provide: ☐ Paintball ☐ Laser Tag ☑ Airsoft

Years of paintball, lasertag or airsoft experience: 6 Years of Management experience: 6

Is the facility enclosed or fenced? Can the facility be locked?

Is the facility ☐ Indoor ☐ Outdoor ☐ Both

What safety protection gear is required or provided?
ANSI Rated full seal eye protection, adequate hydration, full face protection (paintball mask or wire mesh lower face guard) for

Describe any barriers or obstacles and their construction.

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

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

Do you have safety signs posted? (show on field diagram) ☑ Yes ☐ No

All Airsoft guns must be without ammo, magazine free, and in neutral when in non-play areas. All Airsoft guns must have a barrel blocking device used when not in play. All Airsoft guns must have safety engaged when not in play. Do you enforce this rule at all times? ☑ Yes ☐ No

Are games always refereed? ☑ Yes ☐ No

Do you always have at least 2 refs per game? ☑ Yes ☐ No

Comment:

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

Maximum velocity allowed for .20 BBs? Indoor ~~350~~ 300 (fps) Ourdoor 400 (fps) initial

Maximum velocity allowed for .25 BBs? Indoor ~~310~~ 270 (fps) Outdoor ~~358~~ 310 (fps)

Maximum velocity allowed for **SNIPERS** (100 feet miniumum from target)
.20 BBs 500 (fps) .25 BBs 447 (fps)
initial

How often is your equipment tested and velocity checked? Every Game with random spot chec

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

AIRSOFT INSURANCE APPLICATION

Cossio Insurance Agency 864-688-0121 Fax: 864-688-0138 PO Box 188 Simpsonville SC 29681

Section 4: SUPPLEMENTAL QUESTIONAIRE (Continued)

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

Fully sealed approved goggle systems must be used in areas of play or chronograph areas. You may use paintball goggle/mask systems or approved Airsoft goggles that meet or exceed ASTM standards. The full face and ears must be covered either by a mask system or balaclava or bandana to prevent injury or penetration of BBs. Do you enforce this rule at all times? ☑ Yes ☐ No

Do you use paintball netting for spectator areas? ☐ Yes ☑ No

Who did you purchase your netting from? Date purchase

Have you tested your netting to the ASTM standard in the last 3 months? ☐ Yes ☑ No
Did it pass? ☐ Yes ☑ No

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

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

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

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.)

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

Any night games? ☑ Yes ☐ No Use of Lars Rocket Launchers? ☐ Yes ☑ No

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

Do you have any other activities on this property other than what is listed above? ☐ Yes ☑ No
If so, please explain.
We use the facilities of others to host our games.

initial

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

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

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

AIRSOFT INSURANCE APPLICATION

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Section 5: Application Signature

Name:	Jonah Mullins		
Signature:		Date:	3/11/13

Section 6: Field Safety Rules Agreement

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. Chronograph person D. Field maintenance persons

3. Maintain proper equipment on premises
   A. Maintain guns
   B. Goggle/ Full face mask system with ear protection per this defenition: Wash, disinfect, remove lens, & inspect for cracks, on every goggle system often after each daily use or as recommended by the manufacturer. Replace as per manufacturers recommendations or earlier.
   C. Maintain at least 1 chronograph with backup battery.
   D. Have enough barrel blocking devices for all rental equipment and have some for sale in case customers have lost theirs.
   E. Maintain a properly stocked first aid kit on premises.
   F. 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. Fully sealed approved goggle systems must be used in areas of play or chronograph areas.
   You may use paintball gogglemask systems or approved Airsoft goggles that meet or exceed ASTM standards. The full face and ears must be covered either by a mask system or balaclava or bandana to prevent injury or penetration of BBs.

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. If there is a spectator area 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 airsoft bb’s 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 field entrance to fields as a reminder. You must have safety signs posted, entering Airsoft playing area, goggles required, andbarrel blocking devices required.

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

Continued on Next Page

AIRSOFT INSURANCE APPLICATION

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Field Safety Rules Agreement Continued

11. Have all guns chronographed before entering the field area before each set of games. Have a chronograph referee there to verify. MAXIMUM VELOCITIES: Underwriter approval is required for “Sniper” Velocities that exceed 400 (FPS).
- Maximum Velocity allowed for .20 BBs - Close Quarter or Indoor 300 (fps) Outdoor 400 (fps)
- Maximum Velocity allowed for .25 BBs - Close Quarter or Indoor 270 (fps) Outdoor 310 (fps)
- Maximum Velocity allowed for Snipers is 500 (fps) with no shots closer than 100 feet to Opponent
- Any Sniper Weapons MUST NOT have the ability to fire FULL AUTO

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. 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.

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 BB 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

Section 6: Field Safety Rules Signature

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:	
Address of Lessor/Landlord:		
City:	State:	Zip Code:

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

THE CIA
COSSIO INSURANCE AGENCY

INSURED BY THE CIA

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

Customer ID Number : 53776

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: $ $1,604.73
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 $	$1,543.01
Credit Card Fee $	$61.72
Total $	$1,604.73