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 K&K Insurance Brokers, Inc. Canada

## PAINTBALL INSURANCE APPLICATION

1. Policy period required from: \_\_\_\_\_ to \_\_\_\_\_  
(Year) (Year)

**INSURED:**

2. Named Insured as it is to appear on policy: \_\_\_\_\_

3. What is the Insured?       Corporation       Partnership       Joint Venture  
     Individual                       Other \_\_\_\_\_

4. a) Mailing Address: \_\_\_\_\_  
(Number)      (Street)      (City)      (Prov.)      (Postal Code)

b) Address of Playing Field (if different than mailing):  
 \_\_\_\_\_  
(Number)      (Street)      (City)      (Prov.)      (Postal Code)

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

5. Number of years this facility has been in business: \_\_\_\_\_

6. Name, Address and Description of Operations of all Subsidiary Companies:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Is this a new operation?  Yes       No

8. Number of Field locations:      Indoor: \_\_\_\_\_      Outdoor: \_\_\_\_\_

9. Please describe paintball marking devices used: \_\_\_\_\_  
 \_\_\_\_\_

10. Are the playing areas clearly marked?  Yes       No

11. Are you a member of Excaliber League?  Yes       No

12. Range of velocity of paint pellets: \_\_\_\_\_ (m/s)]

13. Are players allowed to use their own guns?  Yes       No

Are players allowed to use their own safety equipment?  Yes       No

Do you safety check customer guns and equipment?  Yes       No

What safety equipment is required? \_\_\_\_\_

What safety equipment is provided? \_\_\_\_\_

14. Where are CO2 tanks stored? \_\_\_\_\_  
How are they secured? \_\_\_\_\_
15. Are safety rules and procedures posted on premises?  Yes  No  
If yes, where are they displayed? \_\_\_\_\_  
(Please send copy or photo)
16. Any towers over 4 feet high?  Yes  No  
If yes, how high? \_\_\_\_\_
17. Are games always refereed?  Yes  No
18. Any night games?  Yes  No
19. Does member obtain signed Waiver of Liability and Hold Harmless Agreement from  
Each player prior to each day's games?  Yes  No  
(If yes, please send copy or photo)
20. Are alcoholic beverages allowed on premises?  Yes  No

### BROKER

21. Name of Agent/Brokerage: \_\_\_\_\_
22. Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### GENERAL INFORMATION

23. What is the total acreage or square feet of your property? \_\_\_\_\_  
Game fields: \_\_\_\_\_ Public Parking: \_\_\_\_\_
24. SECURITY:  
Please describe crowd control: \_\_\_\_\_  
\_\_\_\_\_  
Are spectators allowed on premises?  Yes  No  
Please describe parking facilities and traffic control: \_\_\_\_\_  
\_\_\_\_\_  
Please describe other security measures (including alarm systems): \_\_\_\_\_  
\_\_\_\_\_
25. Number of Employees: \_\_\_\_\_
26. Gross receipts from admissions:  
Last season: \$ \_\_\_\_\_ Estimated this season: \$ \_\_\_\_\_
27. Head Count last season: \_\_\_\_\_ Estimated this season: \_\_\_\_\_  
Maximum number of players on the field at any one time: \_\_\_\_\_
28. Do you sell equipment?  
If yes, estimated annual sales: \$ \_\_\_\_\_
29. Do you have a snackbar or restaurant?  
If yes, estimated annual sales: Food: \$ \_\_\_\_\_ Liquor: \$ \_\_\_\_\_

30. Prior Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

31. Date your current insurance policy expires: \_\_\_\_\_

32. Does your landowner need to be named as Additional Insured?  Yes  No  
If yes, please indicate name and address: \_\_\_\_\_  
\_\_\_\_\_

33. Please describe loses for last five (5) years (attach details): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Is coverage required on guns and equipment?  Yes  No  
If yes, where are they kept? \_\_\_\_\_  
How are they secured? \_\_\_\_\_  
Total Value: \$ \_\_\_\_\_

35. Are there owned buildings to be insured?  Yes  No  
If yes, please provide full description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Value: \$ \_\_\_\_\_

36. Do you rent the building(s) used in the operation of this business?  Yes  No  
If yes, please provide full description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Value: \$ \_\_\_\_\_

37. Is Tenant's Legal Liability required?  Yes  No  
If yes, limit required: \$ \_\_\_\_\_

38. Protection  
Distance to nearest firehall: \_\_\_\_\_ km distance to nearest fire hydrant(s): \_\_\_\_\_

39. Length of season: \_\_\_\_\_

40. Operating Hours: \_\_\_\_\_

41. Minimum age required to play: \_\_\_\_\_

**42. Limits of Liability required:**

**Commercial General Liability**

Each Occurrence Limit	\$ _____
Products - Completed Operations Aggregate Limit	\$ _____
Personal Injury Limit	\$ _____
Tenants Legal Liability Limit	\$ _____
Medical Expense Limit - Per Occurrence/Per Person	\$ _____
Non-Owned Automobile Limit - Liability	\$ _____
- Physical Damage	\$ _____
Employee Benefits Limit	\$ _____
Employers Liability Limit	\$ _____
Advertising Injury Limit	\$ _____
Other: _____	\$ _____

**43. Contractual Liability**

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?  Yes  No  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract?  Yes  No  
If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?  Yes  No  
If no, please advise procedures followed and details of contracts used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured?  Yes  No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?  Yes  No

d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?  Yes  No  
If no, in whole or part, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, in whole or part, please attach a copy of the waiver.

**44. Protective Liability**

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ \_\_\_\_\_ Sublet? \$ \_\_\_\_\_

Please describe the types of work let or sublet: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**45. Professional Liability - Staff Employees and Contractors**

Please list number of employees and duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**46. Workers Compensation**

Are all employees and contractors including students and volunteers covered by Workers Compensation?

Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**47. Non-Owned Automobile**

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?

Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

b) Does the Insured rent or lease vehicles from others?

Yes  No

If yes (i) How often per year? \_\_\_\_\_ (per year)

(ii) Are any of these vehicles driven in the United States?

Yes  No

c) Does the Insured contract services from others?

Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

d) Does the Insured contract services from others for the purpose of operating

Vehicles to perform maintenance, service, haulage or snow removal operations?

Yes  No

48. Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date

49. Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.)

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50. Please provide deductible or self-insured retention amounts for each year noted in question 49.

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Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect Any deductible provision(s) contained in existing or previous insurance policies?  Yes  No

51. Please attach a copy of the Insured's most recent audited financial statement.

52. Does the Insured have a formal loss-control program?  Yes  No

If yes, please provide details: \_\_\_\_\_

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53. Does the Insured have a formal employee safety-training program?  Yes  No

If yes, please provide details: \_\_\_\_\_

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54. Does the Insured have a formal equipment or premises maintenance procedure?  Yes  No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel: \_\_\_\_\_

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I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Agent/Broker: \_\_\_\_\_