

Paintball Supplemental Application

Named Insured:

General Information

Location of Operation:	
Annual Gross Receipts from Admissions: Last Season \$	Estimated This Season \$
Please list any associations of which you are a member:	
Do you <input type="checkbox"/> own or <input type="checkbox"/> lease this premises?	
Number of years in business at this location:	years
Number of years in business management:	years
Total experience in this type of business:	years
Do you hold a PTI certification? If yes, <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> C5 <input type="checkbox"/> C5A <input type="checkbox"/> C6 If yes, ID Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell equipment? If yes, annual sales: \$ Please describe what type of equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell used equipment? If yes, annual sales: \$ Please describe what type of equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell equipment on the internet? If yes, annual sales: \$ Website Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you repair equipment? If yes, annual sales: \$ Please describe what types of repairs are performed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are repairs performed by a PTI Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a snack bar or restaurant? If yes, annual sales: Food \$ Liquor \$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Safety and Training Information

Are you in compliance with APL Safety Guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are safety rules and procedures clearly posted on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have participants sign a release of liability or waiver prior to play? If yes, please provide copy of the document.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are alcoholic beverages allowed on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is approved Paintball Sports eye protection required to be worn by all players?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is your equipment tested and velocity checked?	
Where are Co ₂ tanks stored?	
How are Co ₂ tanks secured?	
Minimum age of participants: No one under the age of 10 allowed, if under 21 additional supervision required.	years
Is customer's equipment checked before use to assure that it meets minimum safety requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a documented safety orientation provided to all participants prior to play?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Staff Information		
Is supervision provided at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the supervision provided by a first-aid and CPR certified staff member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all staff members understand the safety rules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Facility Information		
Type of Paintball Operation: <input type="checkbox"/> Playing Field <input type="checkbox"/> Sports Camp <input type="checkbox"/> Sports Tournament		
What is the total acreage or square feet of your property?		
What is the total square feet for game fields?		
What is the total square feet for public parking?		
Is the facility enclosed or fenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the facility be locked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Length of season:		
Operating Hours:		
Number of Field Locations:	Indoor: #	Outdoor: #
Maximum Number of Players per Field:	Indoor: #	Outdoor: #
Total Estimated Number of Players per Year: # (Avg daily attendance: x game days per yr)		
Range of velocity of paint pellets:		feet per second
Are spectators allowed on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are players allowed to use their own guns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are players allowed to use their own safety equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any paintball games conducted on horseback?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are paintball mines or grenades allowed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are there rules concerning their use?		
Do you have any climbing structures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do they have handrails? Please describe:		
Are night games held?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe lighting:		
Are games refereed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, by whom?		