



**Cambrian
SPECIAL RISKS**

eCHELON[®]
GENERAL INSURANCE COMPANY

Cambrian Special Risks
130 Paris Street
Sudbury ON P3E 3E1
Phone: (888) 339-6069 Fax: (866) 308-2784
Email: quotes@cambrianspecialrisks.com

Paintball Application

Name: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Desired Effective Date: _____

Location of Playing Fields(legal address):

Is member Owner or Lessee of premises? _____

Is this a new Operation? _____

If no, how many years has business been operating? _____

GENERAL INFORMATION

1. Number of Field Locations: Indoor: _____ Outdoor: _____
2. Years of Management experience: _____
3. Website Address: _____
4. Describe paintball marking devices used: _____
5. Are the playing areas clearly marked? _____
6. Are games always refereed? _____
7. Describe any barriers or obstacles and their construction: _____

26. Any policy declined, cancelled or non-renewed in the past three (3) years?

27. Policy limits desired: 1,000,000 2,000,000 higher

28. Is coverage required on guns and equipment?
Where are these kept or stored when not in use?

How secured?
Total value:

29. Are there owned buildings to be insured?
Full description:

Value:

30. Do you rent buildings used in the operation of this business?
Full description:

Value

31. Protection: Fire Hall _____km Hydrants?

32. Length of Season:

33. Operating Hours:

34. Minimum age required to play?

I understand that the following warranties are conditions upon which this insurance is made.
As such they are made a part of the policy conditions:

1. Insured must obtain from all Participants a signed Waiver and Release of Liability Form prior to each day's games (attached).
2. Approved Paintball sports eye protection must be worn by all players during play.
3. All guns must be chronographed. Velocity must be limited to no single shot over 300 (ft. per sec.) for outdoor playing facilities and 250 (ft. per sec.) for indoor playing facilities.
4. Above indicated loss experience is true to the best of my knowledge.

ADDITIONAL INFORMATION

Please provide any important additional information that would be helpful in quoting this risk:

DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks/Echelon until accepted by Cambrian Special Risks/Echelon but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that Cambrian Special Risks/Echelon.

Applicant Name:

Applicant Signature:

Date:

BROKER INFORMATION

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	