

for each day's game? _____ (Attach copies)

15. Alcoholic beverages allowed on premises? _____

16. Are spectators allowed? _____ If yes, how are they controlled? _____

17. Minimum playing age allowed: _____ (14 is the minimum acceptable age allowed.

All participants under the age of 18 must have a parent or guardian sign the waiver.

GENERAL INFORMATION

1. Safety program: (attach copy or describe)

2. Safety training of employees: (describe)

3. Are any of your employees trained in CPR? _____ How many? _____

4. What is the total acreage of square feet of your property? _____

Game field? _____ Public parking? _____

5. Are there bodies of water on your premises? _____ If yes, are they within the game fields?

Please explain: _____

6. Security: Describe crowd control: _____

Describe parking facilities and traffic control: _____

Describe other security measures: _____

7. Number of employees: _____ Minimum age: _____

Average length of service: _____ What sources are used to select employees?

8. How and where are rules of conduct displayed? (Send copy or photo)

9. Gross receipts from admissions (Excluding rentals, CO₂, Pellets) _____

Last season: _____ Estimated this season: _____

10 Head count last season _____ Estimated this season: _____

11. Prior insurance carrier: _____

Policy number: _____ Premium: _____

Date your current coverage expires: _____

12. Does land owner need to be named as an additional insured? _____

If so, indicate name and address: _____

City)

(State)

(Zip Code)

13. Describe losses last three (3) Years:

Date

Circumstances

Amount Paid

14. Length of season: _____

15. Hours of operation: _____

16. Limit of liability requested: _____

I UNDERSTAND THAT THE FOLLOWING EXPRESSED WARRANTIES ARE CONDITIONS UPON WHICH THIS INSURANCE IS MADE. AS SUCH, THEY ARE MADE A PART OF THE POLICY CONDITIONS:

1. A SIGNED WAIVER OF LIABILITY IS OBTAINED FROM EACH PLAYER.
2. EYE PROTECTION MUST BE WORN BY ALL PLAYERS DURING PLAY.
3. ALL GUNS MUST BE CHRONOGRAPHED AT NO MORE THAN 325 fps.
4. ABOVE INDICATED LOSS EXPERIENCE IS TO THE BEST OF MY KNOWLEDGE.

(SIGNATURE OF INSURED)

(DATE)

ENDORSEMENT WHICH STATES THE ABOVE IS ATTACHED AND FORMS A PART OF THIS APPLICATION, WHICH IN TURNS BECOMES A PART OF THE INSURANCE POLICY.



ESSEX INSURANCE COMPANY ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY.

! Entry optional if shown in the Common Policy Declaration. If no entry is shown, the effective date of this endorsement is the same as the effective date of the policy.

ATTACHED TO AND FORMING PART OF POLICY NUMBER:	EFFECTIVE DATE OF ENDORSEMENT:	ISSUED TO:
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CONDITIONAL COVERAGE ENDORSEMENT

COVERAGE UNDER THIS POLICY IS PROVIDED TO YOU SUBJECT TO CERTAIN CONDITIONS. IN ADDITION TO OTHER TERMS AND CONDITIONS YOU MUST:

1. A SIGNED WAIVER OF LIABILITY IS TO BE OBTAINED FROM EACH PLAYER AND KEPT ON FILE.
2. EYE PROTECTION MUST BE WORN BY ALL PLAYERS DURING PLAY.
3. ALL GUNS MUST BE CHRONOGRAPHED AT NO MORE THAN 325 fps.

IF YOU FAIL TO COMPLY WITH THE ABOVE, THERE IS NO COVERAGE NOR DEFENSE AVAILABLE UNDER THIS POLICY.

(SIGNATURE OF INSURED)

(DATE)