

Insur-A-SportSM

**Presented by Market Access Corporation
50 North Brockway, Suite 3-2
Palatine, IL 60067
(847) 221-2100 fax (847) 221-2520**

Attached is the material that you requested which describes our Paintball Insurance Program. This coverage, which provides \$500,000 or \$1,000,000 limits of Commercial General Liability for waived paintball participants, is written with "Certain Underwriters at Lloyd's, London ("A" Rating by AM Best). Included is an application which we will need to have completed in order to determine the policy premium. You can fax, mail, or email the application and attachments to Market Access for a quote. The "How it works" write-up will describe the process.

Please don't hesitate to give us a call should you have any questions. Thanks again for your interest in our program and we look forward to hearing from you.

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Underwriting Assistant
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Chastity Groenland,
Underwriter
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P.S. Included are several samples (Safety Rules, Waiver Log, and a Waiver Form that we have found to be "acceptable" in the past).

Insur-A-SportSM

Paintball Insurance Program

HOW IT WORKS...

You, the insured completes and submits the Insur-A-Sport application. Once approved, a Minimum Premium will be set based on your experience, safety program, the location's physical features, and the estimated amount of participant exposure.

You simply send us the "Waiver" form that you intend to use with the application. When "Approved" it is endorsed to the policy. You are required to have all covered individuals complete the "Approved Waiver." The waiver form is valid for one year from the signature date. *It is also mandatory that individuals sign in on a "daily log."* This is a "condition of coverage." You can print your own forms and maintain your own records from then on, without interference from the company.

It is the field's responsibility to maintain the daily log sheets and signed waiver forms. These must be kept by you in order to determine those individuals(*) who are covered by the insurance policy in the event of an incident.

Each policy is subject to audit. Market Access reserves the right to request copies of the daily log forms. This measure may be taken to ensure that the premium being charged is in accordance with the estimated amount of participant exposure. Any significant discrepancies may result in additional premium charges which will be based on the "player per day" rate as shown on your quotation.

(*) Other than employees

INSUR-A-SPORT

A GENERAL LIABILITY PAINTBALL INSURANCE PROGRAM BROUGHT TO YOU BY MARKET ACCESS
APPLICATION FOR COVERAGE

COVERAGE REQUESTED: Occurrence/Aggregate Limit Options \$500,000 \$1,000,000

MEDICAL (OPTIONAL COVERAGE): \$5,000 \$10,000 \$25,000

PROPOSED EFFECTIVE DATE: _____

1. Named Insured: _____

Individual Partnership Joint Venture Limited Liability Company Other

2. Contact Person: _____

3. Mailing Address: _____

4. Email Address: _____ Website Address: _____

5. Phone: _____ Fax: _____ Alt. Phone (required): _____

6. Do you own or operate any other business? _____ Describe: _____

7. Location of Risk: _____

8. Names and addresses of any Additional Insured's (show their interest): _____

Do the Additional Insured's require Certificates of Insurance: _____

9. Is the facility indoor or outdoor? _____ If outdoor, are night games allowed? _____

If night games allowed, please describe lighting provided? _____

10. Any other services or activities on the premises? (skateboard, BMX, archery, etc...) _____

11. How many playing fields at this location? _____ Approximate size or acreage of property _____

12. How often are the fields inspected for potential hazards? _____

13. Please check all of the following that apply: Airball Speedball Woodsball Scenario Airsoft

14. Number of years operating this business? _____ If less than 3, complete supplemental questionnaire.

15. Prior Insurer: _____ Premium: _____

16. Is beer, wine, or alcohol sold or permitted on premises? YES NO

17. Any incidents or claims in the last 5 years? YES NO

18. Have you ever had insurance cancelled or non-renewed for this
or any other paintball facility you have owned or operated? YES NO

19. Are CO₂ cartridges filled by trained and qualified staff only? YES NO
20. Is a safety inspection of all players' equipment done prior to play? YES NO
21. Is "BYOP" is permitted? YES NO
 If "yes" is the paint inspected prior to play? YES NO
22. Are safety briefings conducted for each player prior to play? YES NO

23. Please describe briefing: _____

24. Are referees and other staff subject to performance reviews? YES NO

If "yes," please describe frequency and method. If "no," please explain what measures are taken to insure that employees enforce all procedures and safety rules:

25. Are fully automatic guns, machine guns, paint grenades, mortars, mines, launchers, rockets, or other exotics permitted on the field of play? YES NO

Describe _____

26. Are vehicles, ATV's, or other mobile equipment allowed in the area(s) of play? YES NO

If "yes," please provide type and purpose of use: _____

27. Are safety rules permanently posted? YES NO
28. Are signs posted for "Goggles On," "Barrel Blocking Device Required," and "No Shooting in This Area?" YES NO
29. Is there first aid equipment including an eye wash kit on premises? YES NO
30. Is the field enclosed by 12' – 20' netting? YES NO
31. Are there any climbing structures in the area(s) of play? YES NO

If "yes," please describe:

32. Are entries to the playing area(s) "S" shaped? YES NO
33. Is there a stream, creek, river, pond, reservoir, or lake on site? YES NO
34. Is there a road or railroad on site or in close proximity to the playing area(s)? YES NO
35. Are there any natural or manmade bunkers, foxholes, trenches, ridges or steep sloped features in any area(s) of play? YES NO

If "yes," please describe: _____

36. Do you sponsor off-premise events?

YES NO

If "yes," please describe: _____

37. Minimum Age Requirements: General Play _____ Private Parties _____

38. Maximum velocity allowed: _____ fps Number of working chronographs: _____

39. Are each player's guns chrono'd prior to play Daily Per Game Other _____

40. Ratio of players to referees during play: One referee per every _____ players.

41. Estimated gross admission receipts: \$ _____

42. Please estimate the number of players per month:

	Last Year	Next Year		Last Year	Next Year
Jan.			July		
Feb.			Aug.		
Mar.			Sep.		
Apr.			Oct.		
May			Nov.		
June			Dec.		

43. **THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THE APPLICATION!!!**

a. Copies of your waivers (adult & minor)

b. Copy of your safety rules

c. Diagram – **MUST INCLUDE THE FOLLOWING:**

Parking area, buildings, staging area(s), spectator area(s) target range, field of play, netting, entry/exits, any roads, waterways, railroad tracks, where signs are posted, any other prominent features. Please show approximate distances between all play & non-play areas!!!

APPLICATION MUST BE SIGNED

Signed _____ Title _____ Date _____

MARKET ACCESS CORPORATION
50 N. Brockway - Suite 3-2 Palatine, IL 60067
phone (847) 221 - 2100 fax # (847) 221 - 2520

Please use an additional sheet of paper to provide any details not included on the application.

Although we have found this form to be "Acceptable" for our purposes, we provide a copy for your consideration only. We suggest that you seek an attorney's opinion as to its applicability to your specific requirements.

PAINTBALL HOLDHARMLESS & WAIVER

EACH INDIVIDUAL MUST READ AND SIGN THIS RELEASE OF LIABILITY PRIOR TO PARTICIPATION IN

In order to participate in these activities, I the undersigned agree and acknowledge that: there is risk of injury, including a potential for permanent disability or death resulting from participation in these activities or from the equipment involved,

I freely assume all such risks both known and unknown and assume full responsibility for my participation,

I have read and understand the rules, including all safety-related rules, and agree to fully comply with all regulations during my participation,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless* _____ their officers, officials, agents and or employees, from any and all liability for injury, disability, death, loss or damage to personal property,

I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating and that I sign this release of liability voluntarily and without inducement.

PARTICIPANTS NAME (please print)

PARTICIPANTS SIGNATURE

DATE

HOME ADDRESS

PHONE NUMBER

MINOR AGED PARTICIPANTS

All players under the age of 18 at the time of participation must have a parent or guardian sign below.

I certify that I am the parent or guardian with legal responsibility for the above signed participant and agree to his/her release. I also agree to indemnify* the above named companies and individuals from all liabilities resulting from his/her participation in these activities for myself, my heirs, assigns and next of kin.

PARENT/GUARDIAN'S SIGNATURE

DATE SIGNED

*Denotes required wording.

INSUR-A-SPORTSM

PAINTBALL PROGRAM

Waiver Log

Named Insured: _____ Policy Number: _____ Date of Play: _____

Field Location(s) (Street Address): _____

It is a Condition of the insurance policy that every player or his/her parent (if under 18 years old) sign an "Approved Release Form" (waiver of liability) and the Waiver Log each day. Copies of these forms must be maintained by the Insured and be available to the Insurer in the event of a claim or audit. Thank you for your cooperation.

*NAME	ADDRESS	AGE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____

LOG MUST BE COMPLETED IN THE HANDWRITING OF THE PARTICIPANT OR LEGAL GUARDIAN!

PAINTBALL

Safety Rules

SAFETY GOGGLES MUST BE WORN IN PLAY AREA AT ALL TIMES

Anyone in the *PLAYING FIELD AND THE TARGET RANGE* must wear their goggles (face masks) at all times. Only goggles (face masks) specifically approved for paintball that provide face and ear protection and are unmodified are allowed. At no time will it be allowed to break the seal of the goggles from the face.

BARREL PLUGS OR CONDOMS MUST BE IN

Barrel plugs or condoms must be in at all times anywhere on the property except designated *PLAYING AREAS AND THE TARGET RANGE*. Barrel plugs or condoms must be in upon entering the property and exiting the playing fields and target ranges. Plugs must be specifically designed and manufactured for paintball. Other devices will not be allowed.

NO ARGUING WITH JUDGES - DECISIONS ARE FINAL - Discuss situations after game.

NO SHOOTING in areas other than the *TARGET RANGE* or the designated *PLAYING FIELD*.

NO PHYSICAL CONTACT - Never touch another player or his equipment during the game.

NO CLIMBING TREES, STRUCTURES OR VEHICLES - Players may never climb any trees or other structures or through, into or onto windows, vehicles or other similar objects.

NO VERBAL ABUSE - Profanity, name-calling, or slurs against anyone's race, religion, national origin, or family will be tolerated.

NO ALCOHOL OR ILLEGAL DRUGS ARE ALLOWED - These items are not allowed on the premises. Anyone who is impaired won't be allowed to play. Anyone caught drinking or engaged in any drug activity will be escorted from the property. Repeat violators will be permanently banned.

NO SMOKING EXCEPT IN DESIGNATED AREAS

NO UNAUTHORIZED EQUIPMENT - Paint-guns without trigger-guards, laser sights, knives of any size tools of any sort, machetes, axes, hatchets, pyrotechnic devices, smoke grenades, any type of explosives, a firearms are prohibited.

NO CONSTRUCTION OF BOOBY TRAPS, BARRICADES OR BUNKERS.

NO INTENTIONAL HEADSHOTS - no intentional shooting at a players head.

NO BLIND SHOOTING

NO SHOOTING WILDLIFE

NO MODIFYING RENTAL EQUIPMENT

AVOID OBVIOUS HAZARDS - such as fences, ditches, ruts, cliffs, trees and vines.

*VIOLETIONS OF THE SAFETY RULES
WILL RESULT IN THE OFFENDING PLAYER BEING REMOVED
FROM PLAY FOR THE REMAINDER OF THE DAY*

INSUR-A-SPORT

SUPPLEMENT TO APPLICATION

PAINTBALL EXPERIENCE QUESTIONNAIRE

1. Have you, your partners, or your employees ever owned, operated, or managed a paintball facility (including scenario games and/or tournaments)? Please complete for each individual.

NAME OF INDIVIDUAL	NAME OF FACILITY	YEARS OF EXPERIENCE	NO. OF GAMES/EVENTS PRODUCED

2. Have you, your partners, or your employees refereed for any other facility or other special events?

NAME OF INDIVIDUAL	NAME OF FACILITY	YEARS OF EXPERIENCE	NO. OF GAMES/EVENTS REFEREED

3. Have you, your partners or your employees obtained any type of training certification from a manufacturer or other source? Please describe.

4. Do you, your partners, or your employees have professional/management experience operating a retail store or in another line of business? Please describe.
