



National Sports Entertainment Recreation Association

Retail Property & Liability Insurance Application

www.nsera.com

PROPOSED EFFECTIVE DATE (REQUIRED) \_\_\_/\_\_\_/\_\_\_ CURRENTLY INSURED? YES\_\_\_ NO\_\_\_

APPLICANT (LEGAL NAME OF BUSINESS) COMPANY TYPE (SOLE PROP, CORP, LLC, ETC) REQUIRED

MAILING ADDRESS CITY STATE ZIP WWW WEBSITE

STORE OWNER/OPERATOR MOBILE-DAYTIME PHONE FASCIMILE EMAIL ADDRESS

PHYSICAL ADDRESS OF FACILITY CITY STATE ZIP BUSINESS PHONE

OWNER OCCUPIED TENANT OCCUPIED

If leased, the following information is required: Landlord Other Additional Insured Describe:

Name:

Complete Address City State Zip

ADDITIONAL APPLICATION REQUIRED FOR EACH LOCATION

- 1. Do you have any other insurance policies for this business? Yes\_\_\_ No\_\_\_ Please describe:
2. Do you or any of your partners operate a paintball/airsoft field? Yes\_\_\_ No\_\_\_ Please describe:
3. Is this your first retail property insurance policy? Yes\_\_\_ No\_\_\_
4. Have any incidents or losses occurred at this or any other paintball/airsoft facility you have owned or operated (whether a claim was filed or not) within the past three (3) years? Yes\_\_\_ No\_\_\_ If yes, please submit loss runs for the past three (3) years from your previous insurance carrier(s).
5. During the past three years, has any coverage been cancelled, non-renewed, declined, or placed in surplus lines? Yes\_\_\_ No\_\_\_ If yes, please explain:

PRIOR PAINTBALL INSURANCE WARRANTY STATEMENT (REQUIRED UNLESS NEW BUSINESS)

As requested, this information is to verify my previous insurance coverage and any and all losses/claims that I have been notified about or should have knowledge of. I understand that this information is a warranty statement and made part of my application for insurance coverage. Loss Runs will be required if any claims or losses reported. Warning: it is a fraudulent act to misrepresent prior claims.

Table with 5 columns: Year, Name of Carrier, Premium, # Claims, \$ Losses Paid

6. Year this business started: \_\_\_\_\_ How many years of experience do you have in the retail paintball/airsoft industry? \_\_\_\_\_
7. Do you own or operate any other business at this or any other location? Yes\_\_\_ No\_\_\_ If yes, please provide the name of the business entity and type of business operations: \_\_\_\_\_  
\_\_\_\_\_
8. Does the nature of your business and daily operations at this location involve anything other than retail paintball/airsoft sales/service? Yes\_\_\_ No\_\_\_ If yes, please describe your merchandise: \_\_\_\_\_  
\_\_\_\_\_
9. Do you sponsor team(s) who promote your facility and or suppliers? Yes\_\_\_ No\_\_\_ Please describe: \_\_\_\_\_  
\_\_\_\_\_
10. Is any equipment rented out of this facility? Yes\_\_\_ No\_\_\_ Please describe rented equipment: \_\_\_\_\_  
\_\_\_\_\_
11. Where are CO2 Tanks stores and how are they secured (if applicable)? \_\_\_\_\_  
\_\_\_\_\_
12. Have you, your partners, or employees received any type of certification or training to perform tank fills? Yes\_\_\_ No\_\_\_ Please list each employee and source: \_\_\_\_\_
13. Do licensed or certified technicians perform upgrades and repairs? Yes\_\_\_ No\_\_\_ Please list source of training: \_\_\_\_\_  
\_\_\_\_\_
14. Is any portion of the applicant's premises subleased? Yes\_\_\_ No\_\_\_ If yes, a copy of the lease is required.
15. Describe all adjoining/adjacent occupancies and/or vacancies: \_\_\_\_\_  
\_\_\_\_\_
16. During the past 20 years has the applicant, partners, or principle stockholder had a fire loss at this or any other location? Yes\_\_\_ No\_\_\_
17. Burglar Alarm at this location? Local \_\_\_\_\_ Central Station \_\_\_\_\_ None \_\_\_\_\_
18. Fire Alarm at this location? Local \_\_\_\_\_ Central Station \_\_\_\_\_ None \_\_\_\_\_
19. Construction: Steel \_\_\_ Wood Frame \_\_\_ Block \_\_\_ Masonry/Wood Frame \_\_\_ Masonry/Steel Frame \_\_\_
20. Type of fire protection on premises? Sprinklers \_\_\_ Fire Extinguishers \_\_\_ None \_\_\_
21. Does the building have an automatic sprinkler system covering 100% of the premises? Yes\_\_\_ No\_\_\_
22. Is facility within 1,000 feet of a fire hydrant? Yes\_\_\_ No\_\_\_ Within five miles of a fire station? Yes\_\_\_ No\_\_\_
23. Is business on a pier, dock or waterfront? Yes\_\_\_ No\_\_\_
24. If coastal, what is the distance to the water from this building? Less than 1,500 feet \_\_\_\_\_ 1,500 feet to 1 mile \_\_\_\_\_ 1 to 5 miles \_\_\_\_\_ More than 5 miles \_\_\_\_\_
25. Total square footage of the building? \_\_\_\_\_ Total square footage of space occupied by the business? \_\_\_\_\_
26. How many stories in the building? \_\_\_\_\_ Which story(ies) does your business occupy? \_\_\_\_\_
27. Year Building was built? \_\_\_\_\_
28. If building is more than 20 years old, please list age of: Wiring \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_

### **GENERAL LIABILITY & PROPERTY COVERAGES (REQUIRED FOR RATING)**

TOTAL ANNUAL SALES \$ \_\_\_\_\_ TOTAL ANNUAL REPAIRS \$ \_\_\_\_\_ OTHER RECEIPTS \$ \_\_\_\_\_  
 TOTAL VALUE OF INVENTORY \$ \_\_\_\_\_ TOTAL VALUE OF FIXTURES \$ \_\_\_\_\_  
 BUILDING VALUE \$ \_\_\_\_\_ (If building owned or coverage required by lease.)

### **THIS IS NOT A BINDER OF COVERAGE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

The applicant declares that to the best of their knowledge the information contained in the application is true and that no material facts have been suppressed or misstated. The applicant understands that incorrect or incomplete statements of information could void their protection. Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any factual material thereto commits a fraudulent insurance act.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of NSERA Agent

\_\_\_\_\_  
Date