



GellyBall Facility General Liability Insurance Application

Legal Business Name: _____

DBA (if any): _____ Field Owner/Operator: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Mobile: _____

Email: _____ Website: _____

Status: _____ Individual _____ Partnership _____ Corporation _____ S Corp _____ Not for Profit _____ Other

Proposed Effective Date (Required): ____/____/____ Currently Insured? _____ Yes _____ No

FEIN: _____ Years in business: _____ Mobile Operation: _____ Yes _____ No

1. Have you, your partners, or your employees ever owned, operated, managed or refereed at any gellyball, airsoft, paintball, nerf, or archery tag facilities (including scenario games and/or tournaments)? _____ Yes _____ No

Please list a minimum of (2) staff members in the management experience chart below:

Individual Name	Name of Facility Where Experience Gained	Title Held (Owner, Mgr, Ref)	Years of Experience	Total # of Games Supervised/Refereed

2. Is this your first gellyball policy? _____ Yes _____ No

Do you have any other policies covering this business (property, etc)? _____ Yes _____ No

Does the applicant own or operate any retail business (including retail stores, internet sales, store fronts, etc.) at this or any other location under the same business entity? _____ Yes _____ No

If yes, please describe: _____

3. Is any equipment rented out of your field pro-shop or retail store (off-site and unsupervised)? _____ Yes _____ No

4. Are there any services or activities at any of your locations other than gellyball? _____ Yes _____ No

If yes, please describe: _____

5. How did you hear about us? _____ Magazine _____ Internet _____ Agent _____ Field Operator _____ Other

6. Do you own or lease the premises? Own Lease
 If you own a permanent location, the following information is required:

Name of Property Owner	Complete Address	Landlord/Property Owner, etc.

7. Are safety signs posted at your facility? Yes No
 Are daily safety briefings conducted before each game? Yes No
8. Are first aid supplies and a telephone maintained on the premises during operation? Yes No
9. Are there any climbing structures 4' or higher in the marked area of play? Yes No
10. Are standard steps or ramps and handrails used for all climbing structures? Yes No
11. Are players required to wear full face industry approved goggles at all times during play, in the staging area, and in the chronograph area? Yes No
 If no, please list your requirements: _____
12. Are spectators allowed at your facility? Yes No
 Are spectators required to wear goggles? Yes No
 If no, please list your safety requirements: _____
13. Maximum velocity of gellyball pistols and rifles allowed at your facility: _____ FPS
14. Are all participants required to sign Waivers? Yes No
15. Are parents or legal guardians required to sign Waivers on behalf of all minors (under 18)? Yes No
16. What is the minimum age requirement for players at your facility? Regular Games _____ Private Games _____
17. What is the minimum age requirement for your head referee? _____ Assistant Referee? _____
18. What ratio of players to referees do you enforce at your facility? One referee for every _____ players.
19. Do you provide on the job training or tryouts for your referees? Yes No
 If no, please list your method of training: _____
20. Do you require background checks on your employees? Yes No

EXPOSURES:

Your total annual participants, total revenue, and management experience **directly affect your premium.** If you are a new business, please contact us for assistance with projecting your total revenue and participants. If you are currently operating, please complete this section carefully based on your previous records.

21. Total Annual Participants? _____
22. Total Annual Field Receipts? _____ (Entrance fees, rental packages, party packages, etc.)
23. Total Annual Retail Receipts? _____ (Sales of gellyball supplies and equipment)
24. Food & Drink? _____ Pre-packaged _____ Restaurant/Grill _____
25. Other Non-Gellyball receipts? _____

PERMANENT OUTDOOR FACILITY:

- Number of acres? _____ Number of fields? _____
- Is property fenced? Yes No Are No Trespassing Signs posted? Yes No
- Are night games held? Yes No If yes, is stadium lighting used? Yes No
- Is overnight camping allowed? Yes No
- Please list any of the following hazards on your field of play:
 Sharp Rocks _____ Cliff/Overhangs _____ Fox Holes _____ Trenches _____ Ravines _____
 Protruding Nails or Spikes _____ Deep of Fast Moving Water _____

MOBILE OUTDOOR FACILITY:

- Are night games held? Yes No If yes, is stadium lighting used? Yes No
- Is overnight camping allowed? Yes No
- Do you inspect the play area for hazards such as sharp rocks, fox holes, trenches, etc.? Yes No

INDOOR FACILITY:

Square feet of building? _____ Age of Building? _____ Number of stories? _____ Is your business located on the ground floor only? _____ Square feet of play area? _____
Does it have fire alarms? _____ Yes _____ No Does it have fire alarms? _____ Yes _____ No
Does it have sprinklers? _____ Yes _____ No
What type of floor surface do you have? _____ Carpet _____ Dirt _____ Concrete _____ Other _____

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

I acknowledge and understand that any person or persons who knowingly and with intent to defraud any insurance company commits a fraudulent insurance act, which is a crime, and is subject to criminal and civil penalties. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of this application. **It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies in writing.**

Signature of Applicant

Date

Send completed form to:

Specialty Insurance LLC
3620 Pelham Road #383, Greenville, SC 29615
Phone: (888) 673-7228 Fax: (864) 458-8371
Email: cturner@specialtyinsurancesc.com or
bobbysharp@specialtyinsurancesc.com

GELLYBALL FACILITY SAFETY REQUIREMENTS

1. **FACILITY OPERATION:** Strict control must be exercised over all areas including: (A) Facility entrance (B) Parking area (C) Staging area (D) Chronograph area (E) Sales and Service area (F) Spectator area (G) Marked field of play.
2. **PERSONNEL:** All facility staff must be fully trained. Referees must be sixteen (16) years of age or older. The referee to player ratio should be one (1) referee for every fifteen (15) players for scenario games and one (1) referee for every thirty (30) players for open field games with a clear line of sight.
3. **EMERGENCY PROCEDURES:** All facility staff must be trained to respond (immediately) in the event of an emergency or accident. Facility staff must know the exact location of the facility telephone, first aid kit and incident report forms. One of your facility managers must complete an incident report form (claim form) immediately following any incident or injury. If you need assistance with these forms, or have questions about whether a form should be completed, please contact your insurance agent.
4. **FIELD ORIENTATION:** Prior to their first game, each participant must undergo a formal orientation session that includes a detailed explanation of the player safety rules (clearly specifying that failure to adhere to the facility rules will result in ejection from the game and possibly the entire day), game rules, the geographical diagram of the facility (marked field of play), and a detailed explanation of the emergency procedures. Referees are assigned to each group at this time.
5. **SAFETY GOGGLES:** Mandatory goggle enforcement is required in all areas where “goggles on” safety signs are posted. Industry approved full face goggle systems must meet ASTM guidelines which require full enclosure of the eye cavity. Goggles must be washed, disinfected and inspected after each use.
6. **SAFETY NETTING:** Netting (12' required, 20' recommended) must be installed OR the field must be set up with a minimum of at least 125' of open space surrounding the entrance, staging area, chronograph area, spectator area, parking area, or any areas from the marked field of play. Netting should be tested and inspected frequently.
7. **CHRONOGRAPHING PROCEDURES:** Maintain at least one (1) chronograph, preferably two (2), with a back-up battery at the field at all times. All Gellyball rifles and pistols must be chronographed before players enter the field and before each new set of games. A chronograph referee must be present at all times to strictly enforce velocity guidelines. Gellyball guns shoot 100-200 BPS and the Gellyball travels 100'. All markers are designed to meet these guidelines.
8. **FACILITY MAINTENANCE:** Boundaries of all outdoor Gellyball facilities must be clearly marked with rope, caution tape, or other highly visible material. The field must be inspected frequently for natural or man-made hazards. Gellyball markers must be cleaned, inspected, and chronographed prior to each game. A designated staff member must inspect the chronographs, first aid kit, mobile telephone, and all field equipment (including safety signs) daily.
9. **WAIVER:** Staff members are required to have every participant sign a waiver. If the participant is a minor (under the age of 18), then a parent or legal guardian is required to sign a waiver on behalf of the minor participant. Participants are prohibited from taking part in any Gellyball activities unless a waiver has been signed. **NO EXCEPTIONS.**