

Laser Tag Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____ to _____
(effective date) (expiry date)

2.2 Mailing information

Name of Insured as it is to appear on policy: _____
Name of Organization (if different): _____
Mailing Address: _____ _____

2.3 What is the insured?

- Corporation Partnership Joint Venture
- Individual Other (specify) _____

2.4 Physical Address of Facility (if different than mailing):

Address: _____

2.5 Webpage: _____

2.6

Provide number of years the business has been in operation: _____

Number of years current owners have managed facility: _____

Total number of employees: _____

What is the ratio of marshal/supervisor to player? _____

Are all employees trained in First Aid/CPR Yes No

2.7

Projected Gross Receipts: _____ \$

Provide receipts per exposure:

Laser Tag	\$
Arcades	\$
Food/Snacks	\$
Retail	\$
Other:	\$
Other:	\$

2.8

Is there any other occupancy? Yes No

If yes, please explain

2.9

Was facility built for this occupancy? Yes No

If no, please explain

Number of floors in facility _____

2.10

Do you have security guards?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are nursery or baby-sitting services provided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have written emergency evacuation plans?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.11

Do the premises meet all Fire Department requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there an emergency light system?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Number of fire extinguishers located on premises:	_____			
Where are the fire extinguishers kept?	_____			
Is there a maintenance agreement in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.12

Any events such as big games or tournaments held on your premises that you run?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain?	_____ _____			

2.13

Any events such as big games or tournaments held on your premises that others run?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain?	_____ _____			

2.14 Describe employee training (procedures, meetings, supervision):

Operations

2.15

Does the Insured have food and/or beverage sales?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please indicate receipts:				
			Food: \$	_____
			*Alcohol: \$	_____

* If receipts indicate liquor sales please complete and include a Liquor Liability Application

2.16

Does the Insured have any discontinued operations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please state details?				

Section 3: Liability

3.1 Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				

3.2 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please provide explanation.				

3.3 Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details: <hr/> <hr/> <hr/>				
b) Does the Insured rent or lease vehicles from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, (i) How often per year? :				
(ii) Are any of these vehicles driven in the United States?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<hr/> <hr/> <hr/>				
c) Does the Insured contract services from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe: <hr/> <hr/> <hr/>				
d) Are vehicles used to transport anyone?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how often and for what purpose? <hr/> <hr/> <hr/>				

Section 4: Claims Information

4.1

Does the Insured have a formal loss-control program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details: <hr/> <hr/> <hr/>				

4.2

Does the Insured have a formal employee safety-training program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				

4.3

Does the Insured have a formal premises snow/ice clearance procedure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				

4.4 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

Important Checklist

Please ensure the following are included with your submission:	
<input type="checkbox"/>	Copy of laser tag rules
<input type="checkbox"/>	Photos of the facility
<input type="checkbox"/>	Emergency evacuation plan
<input type="checkbox"/>	Diagram of the facility
<input type="checkbox"/>	Loss runs and/or detailed account of any past losses
<input type="checkbox"/>	Brochure

Section 5: Limits of Liability Required

5.1 Commercial General Liability

Each Occurrence Limit	\$
Products - Completed Operations Aggregate Limit	\$
Personal Injury Limit	\$
Tenants Legal Liability Limit	\$
Medical Expense Limit - Per Occurrence/Per Person	\$
Non-Owned Automobile Limit:	
- Liability	\$
- Physical Damage	\$
Employee Benefits Limit	\$
Employers Liability Limit	\$
Advertising Injury Limit	\$
Other:	\$

Section 6: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 7: Additional Information

Additional Information: