

Axe Throwing 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)
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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: _____

2.7

Projected Gross Receipts: \$ _____

Provide receipts per exposure:

Axe Throwing	\$ _____
Liquor	\$ _____
Food/Snacks	\$ _____
Retail	\$ _____
Other:	\$ _____
Other:	\$ _____

2.8

Does the applicant operate any other business from this location? Yes No

If yes, please describe:

Does the applicant have separate insurance for this business? Yes No

2.9

Do you ever allow free sessions?: Yes No

If yes, please explain:

Axe Throwing

2.10

Is the range in compliance with any recognized standards? (ie NATF, WATL)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the range have any age restrictions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe: _____				
Indoor Ranges?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Number of lanes: _____				
Outdoor Ranges?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Number of lanes: _____				
Maximum distance thrown: _____				

2.11

Is a supervisor on duty at all times?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all supervisors FIRST AID certified?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are waivers mandatory?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide a copy of the waiver.				

Range Supervision:

2.12

Is a supervisor on duty at all times?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Number of range supervisors: _____				
Max ratio of supervisors to lanes: _____				
Does the Applicant have written rules prominently displayed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the Applicant provide lessons?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please list all qualifications of instructors? _____ _____				

Number of annual participants:		_____	
Is equipment left at a client site for use without employed operators present?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes, what percentage of your business involves such an arrangement?			
Are events serviced where the intent is to have persons other than your employees monitor for safety?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes, please describe training:			

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?			

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

Is the liquor license in Applicant's name?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If no, what is the name on the license and their relationship to the Applicant:			

Please list types of beverages sold:			

Are employees certified to serve liquor?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Please provide a copy of the liquor license.			

Are all employees at least 19 years of age?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Number of employees supervising use of the unit at any one time?	<hr/>			
Are employees trained to strictly enforce all rules / regulations even if it means stopping a session early or refusing a session to a customer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What is the minimum age or height requirement you mandate for any participant?	<hr/>			
Are there partitions for each lane from floor to ceiling to prevent axes from going into the other lanes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please indicate how are lanes divided:	<hr/> <hr/>			
What is the height of lane partitions?	<hr/>			
Are participants allowed to bring their own axe?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please describe how axes are collected after each session?	<hr/> <hr/>			
Are any other types of weapons such as knives, stars, etc to be used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe:	<hr/> <hr/>			

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:	<hr/> <hr/> <hr/>			

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.				
<hr/>				
<hr/>				

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? :				
<hr/>				
(ii) Are any of these vehicles driven in the United States?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<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:				
<hr/>				
<hr/>				
<hr/>				

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:				
<hr/>				
<hr/>				

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.):

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Important Checklist

Please ensure the following are included with your submission:	
<input type="checkbox"/>	Copy of axe throwing 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: