

**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 (effective date): \_\_\_\_\_ to (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): \_\_\_\_\_

\_\_\_\_\_

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 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:

2.10 **Axe Throwing**

Is the range in compliance with any recognized standards? (ie NATF, WATL)

☐ Yes☐ No

Does the range have any age restrictions?

If yes, please describe:

Indoor Ranges?

☐ Yes☐ No

Number of lanes:

☐ Yes☐ No

Outdoor Ranges?

☐ Yes☐ No

Number of lanes:

Maximum distance thrown:

2.11 Is a supervisor on duty at all times?

☐ Yes☐ No

Are all supervisors FIRST AID certified?

☐ Yes☐ No

Are waivers mandatory?

☐ Yes☐ No

2.12 **Range Supervision**

Is a supervisor on duty at all times?

☐ Yes☐ No

Number of range supervisors:

Max ratio of supervisors to lanes:

Does the Applicant have written rules prominently displayed?

☐ Yes☐ No

Does the Applicant provide lessons?

☐ Yes☐ No

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☐ No

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☐ No

If yes, please describe training:

2.13 Any events such as big games or tournaments held on your premises that others run? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## 2.14 Operations

If the Insured has food and/or beverage sales, please indicate receipts:

Annual Receipts for: Food: \$ \_\_\_\_\_ \*Alcohol \$ \_\_\_\_\_

\* If receipts indicate liquor sales please fill out Liquor Liability Application

2.15 Is the liquor license in Applicant's name? ☐ Yes ☐ No  
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 ☐ No

**Please provide a copy of the liquor license.**

Are all employees at least 19 years of age? ☐ Yes ☐ No

Number of employees supervising use of the unit at any one time? \_\_\_\_\_

Are employees trained to strictly enforce all rules / regulations even if it means  
topping a session early or refusing a session to a customer? ☐ Yes ☐ No

What is the minimum age or height requirement you mandate for any participant? \_\_\_\_\_

Are there partitions for each lane from floor to ceiling to prevent axes from going into the other lanes? ☐ Yes ☐ No

Please indicate how are lanes divided: \_\_\_\_\_

What is the height of lane partitions? \_\_\_\_\_

Are participants allowed to bring their own axe? ☐ Yes ☐ No

Please describe how axes are collected after each session? \_\_\_\_\_  
\_\_\_\_\_

Are any other types of weapons such as knives, stars, etc to be used? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

## SECTION 3: LIABILITY

### 3.1 Contractual Liability

Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3.2 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? ☐ Yes ☐ No

If no, in whole or part, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 ☐ No  
If yes, please give details: \_\_\_\_\_

B. Does the Insured rent or lease vehicles from others? ☐ Yes ☐ No  
If yes, (i) How often per year? \_\_\_\_\_  
(ii) Are any of these vehicles driven in the United States? ☐ Yes ☐ No

C. Does the Insured contract services from others? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_

D. Are vehicles used to transport anyone? ☐ Yes ☐ No  
If yes, how often and for what purpose?: \_\_\_\_\_

**SECTION 4: CLAIMS INFORMATION**

4.1 Does the Insured have a formal loss-control program? ☐ Yes ☐ No  
If yes, please provide details: \_\_\_\_\_

4.2 Does the Insured have a formal employee safety-training program? ☐ Yes ☐ No  
If yes, please provide details: \_\_\_\_\_

4.3 Does the Insured have a formal premises snow/ice clearance procedure? ☐ Yes ☐ No  
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:

- ☐ Copy of axe throwing rules
- ☐ Photos of the facility
- ☐ Emergency evacuation plan
- ☐ Diagram of the facility
- ☐ Loss runs and/or detailed account of any past losses
- ☐ 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

[illegible]