

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 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:

Number of floors in facility

2.9 Do you have security guards?

☐ Yes☐ No

Are nursery or baby-sitting services provided?

☐ Yes☐ No

Do you have written emergency evacuation plans?

☐ Yes☐ No

2.10 Do the premises meet all Fire Department requirements?

☐ Yes☐ No

Is there an emergency light system?

☐ Yes☐ No

Number of fire extinguishers located on premises:

Where are the fire extinguishers kept?

Is there a maintenance agreement in place?

☐ Yes☐ No

2.11 Any events such as big games or tournaments held on your premises that you run?

☐ Yes☐ No

If yes, please explain:

2.12 Any events such as big games or tournaments held on your premises that others run?

☐ Yes☐ No

If yes, please explain:

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

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

Does the Insured have any discontinued operations?

☐ Yes☐ No

If yes, please state details:

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 laser tag 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]