

AXE THROWING APPLICATION

BROKER DETAILS

Please complete the following information pertaining to your brokerage:

Brokerage Name: _____

Address: _____

Contact E-mail: _____ Contact Name: _____

RISK DETAILS

Name of Insured as it is to appear on policy: _____

Name of Organization (if different): _____

Mailing Address: _____

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

Webpage: _____

What is the insured?	Corporation	Partnership	Joint Venture
	Individual	Other (specify) _____	

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

Number of years current owners have managed facility: _____

Total number of employees: _____

What are the hours of operation _____

Projected Gross Receipts: \$ _____

Provide receipts per exposure:

AxeThrowing \$ _____

Liquor \$ _____

Food/Snacks \$ _____

Retail \$ _____

Other: \$ _____

Other: \$ _____

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

AXE THROWING

Is the range in compliance with any recognized standards? (ie NATF, WATL) Yes No

Does the range have any age restrictions? Yes No

If yes, please describe: _____

Indoor Ranges? Yes No Number of lanes: _____

Outdoor Ranges? Yes No Number of lanes: _____

Maximum distance thrown: _____

Is a supervisor on duty at all times? Yes No

Are all supervisors FIRST AID certified? Yes No

Are waivers mandatory? Yes No

Please provide a copy of the waiver.

Does insured provide Mobile Axe Throwing Services Yes No

If yes, advise types of locations the insured will set up for Axe Throwing: _____

Is equipment left at a client site for use without employed operators present? Yes No

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: _____

Any events such as big games or tournaments held on your premises that others run? Yes No

If yes, please explain: _____

OPERATIONS

Does the Insured have food and/or beverage sales? Yes No

If yes, please indicate receipts:

Food: \$ _____

*Alcohol: \$ _____

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

Are all employees the age of majority or at least one employee on site that is the age of majority 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 stopping a session early or refusing a session to a customer? Yes No

Do you have a 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: _____

CLAIMS INFORMATION

Does the Insured have a formal loss-control program? Yes No

If yes, please provide details:

Does the Insured have a formal employee safety-training program? Yes No

If yes, please provide details:

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

Diagram of the facility

LIMITS OF LIABILITY REQUIRED

Commercial General Liability

Each Occurrence Limit \$ _____

Other: _____ \$ _____

Target Premium (if known): _____

DECLARATIONS

IMPORTANT NOTICE:

PLEASE READ CAREFULLY:

1. IT is understood and agreed that coverage does not apply to bodily injury to a participant unless you implement sufficient procedures to secure from each participant and deliver to us simultaneously with notice of participant claim a valid release and waiver of liability and indemnity agreement form as attached and made part of the policy dated and signed by the participant prior to the time of the occurrence in which said participant was injured.

2. 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 UNDERWRITING THIS APPLICATION.

Signed: _____ Full Name: _____

Position Held: _____ Date: _____