

LASER TAG FACILITY APPLICATION

Brokerage: _____ Contact: _____ Email: _____

Name of Insured: _____

Mailing Address: _____

Location of Risk (if different from mailing): _____

Website: _____

Has any Insurer cancelled, declined, or refused coverage: Yes No If yes, why: _____

Have there been any Claims or Losses in the past 5 years: Yes No If yes, details: _____

Description of Operations: _____

Year business established: _____ Experience of the principal/partners: _____

Total number of Employees: _____ Full-time Employees: _____ Part-time Employees: _____

Are there renovations taking place: Yes No *If yes, please complete the renovations questionnaire*

Expected timeline to open: _____ Are the renovations Structural or Cosmetic

REVENUE INFORMATION

Projected Gross Revenues:

Laser Tag: \$ _____ Food/Snacks: \$ _____ Retail: \$ _____

Other (explain): \$ _____

ALCOHOL AND FOOD SERVICES

Complete HLL Supplement (if applicable)

Are alcoholic beverages allowed on premises? Yes No

Who provides this: _____

Confirm Liquor License in place: _____

FACILITY OPERATIONS

Operating Hours: _____

Is there a staff member on-site at all times? Yes No

Describe the Facility Layout (number of floors, square footage):

List the Types of Attractions Offered: (e.g., laser tag, arcade games, food services, etc.):

What is the maximum number of players allowed at one time in the laser tag arena? _____

Do you offer private events or group bookings? Yes No

Are rules posted throughout the facility? Yes No

SAFETY & SECURITY

Do all employees receive First Aid/CPR training? Yes No

Do you have written safety protocols and emergency evacuation plans? Yes No

Are all players (parent / guardian signing if a minor participant) required to sign waivers before participating? Yes No

Confirm there is regular inspection and maintenance for safety equipment (e.g., laser guns, vests): Yes No

Additional Information Pertaining to Risk:

Include the following with your application: Photos of the facility and Sample copy of Waiver Used
Any facility with trampolines is an automatic decline

PROPERTY COVERAGE

Location Address: _____

Construction Type: _____ Year Built: _____ Upgrades: _____

#of Stories: _____ Distance to Fire Hydrant & Fire Hall: _____

Sprinklered: Yes No Alarm: Local Monitored None Details: _____

Square Footage: _____ Other Occupancies: _____

Any additional information: _____

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Tenant Improvements	
Stock	
Equipment other than VR Screens	
VR Screen Value *note that we require separate value for VR Screens	
Office Contents	
Business Interruption specify (Profits, Monthly Earnings, Gross Earnings, ALS)	
Rent or Rental Value	
Extra Expense	
Computer (Hardware/Software)	
Other:	
CRIME COVERAGES	AMOUNT OF INSURANCE
Inside and Outside Robbery	
Broad Form Money & Securities	

OPTIONAL COVERAGES (Select any of the following optional coverages you require)

Sewer Back-up Flood EQ By-Laws

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. 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.

Applicant's Signature: _____ Date: _____