

VIRTUAL REALITY (VR) SUPPLEMENT

Brokerage: _____ Contact Name: _____ Email: _____

Name of Insured: _____

Mailing Address: _____

Location Address (if different from mailing): _____

Website: _____

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

Annual Gross Revenue: \$ _____

Split: VR Golf: \$ _____ Food \$ _____ Liquor: \$ _____ Retail: \$ _____

Are alcoholic beverages allowed on Premises Yes No Who Provides This: _____

Confirm Liquor License in Place Yes No Who Provides This: _____

Is there a bar / lounge Yes No Who Provides This: _____

Complete HLL Supplement

Hours of Operation: _____

If this location is accessible by public 24/7 confirm the following is in place:

Waivers Signed	Keyless entry tracing system
Single person access	Surveillance cameras monitoring full capacity
Rules Posted	Emergency call/panic buttons for members
No BYOB allowed	

Do they offer Camps, Special Events: Yes No
If yes, elaborate: _____

Do they offer Private Lessons: Yes No
Who provides private lessons: _____
If there is a Golf Professional Providing instruction / lessons please confirm they are certified

Are there renovations taking place (completed renovations questionnaire if yes): Yes No

Expected Timeline to open _____

Structural or cosmetic _____

Additional Information Pertaining to Risk

PROPERTY COVERAGE

Construction: _____ Year Built: _____ Upgrades: _____

#of Stories: _____ 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 <i>*note that we require separate value for VR Screens</i>	
Office Contents	
Business Interruption specify (<i>Profits, Monthly Earnings, Gross Earnings, ALS</i>)	
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 Comprehensive Property Extension

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: _____