



Entertainment Axe Throwing General Liability Application

General Business Information

Name of Insured: _____

Address: _____

City / State / Zip: _____

Phone Number: _____ Contact Person: _____

Website: _____ Email: _____

Is Named Insured an: Individual Partnership Corporation LLC Other

Years in this business: _____ # of Setups Owned: _____ Annual Gross Revenues: _____

Number of Employed Operators: Full Time: _____ Part Time: _____ Annual Payroll: \$ _____

Names of all operators _____

If independent contractors are ever used to operate, est. annual costs for such labor = \$ _____

Operation of Device(s) is:

Fixed site only – provide complete address: _____

Mobile – list ALL states where operation anticipated: _____

Underwriting Information

Note: This application MUST include a copy of the Waiver of Liability / Release form used. Such form MUST include a hold harmless agreement in favor of both owner and operator as well as outline all terms and conditions the participant agrees to follow. Bilingual language is preferred (English/Spanish).

Miscellaneous

1. Please provide a breakdown of estimated annual receipts from the following categories:

2. Do you ever allow free sessions? Yes / No / If yes, explain under what circumstances and approximate number per year: _____

3. Prior General Liability Insurance Company Expiration date Premium
_____/_____/_____ / _____ / _____

4. Describe all claims arising out of your entertainment equipment for the past 4 years:



Unattended Events

1. Is equipment left at a client site for use without employed operators present? Yes / No
1a. If yes, what percentage of your business involves such an arrangement? _____

2. Are events serviced where the intent is to have persons other than your employees monitor for safety? Yes / No
2a. If yes, describe training _____

Please note, this policy is not intended to accommodate unattended events, and coverage for these events is specifically limited (acknowledgement to be checked) Yes / No

I understand a participant waiver is required for each participant. Further, I understand that the waiver must state that the participant is individually and solely responsible for any damage to persons or property caused by their willful failure to heed instructions or warnings.

Name, Title, Signature



Operational Related Safety

- 1. Month / Year of last inspection by a certified / independent inspector? (If Required) _____
- 2. Do operators have test procedures provided by the manufacturer to:
 - a. Determine if you are operating within mfr’s prescribed limits? Yes / No
 - b. Evaluate product wear? Yes / No
- 3. Do operators have mfr’s manual describing proper operation / schedules of routine inspections required / required maintenance? Yes / No
- 4. Are all operators at least 19 years of age? Yes / No
- 5. Number of operators supervising use of the unit at any one time? _____
- 6. Are operators trained to strictly enforce all rules / regulations even if it means stopping a session early or refusing a session to a customer? Yes / No
- 7. What is the minimum age or height requirement you mandate for any participant? _____

Liability Warnings

- 1. Are warnings transmitted to prospective participant in advance by way of conspicuously posted signs or otherwise (preferably bilingual in English / Spanish) as pertains to:
 - a. Participants are required to sign waiver of liability before participating in any session Yes / No
 - b. No one under the age of 18 can participate without the presence of their parent or legal guardian, and such parent/legal guardian are required to sign waiver of liability for that person. Yes / No
 - c. Participant is participating at their own risk, and neither owner nor operator is responsible for accident or injury to any person arising out of their participation. Yes / No
 - d. Individuals with pre-existing conditions such as back, neck, leg, or arm injuries are not permitted to throw. However, operator is not responsible for determining the physical condition or ability of any person. Yes / No
 - e. Participants may request that the session be stopped at any time. Yes / No
- 2. Does operator check photo ID to verify participant is same individual and age? Yes / No
- 3. Are Waivers signed in the presence of the operator or other attending employee? Yes / No
- 4. How long are signed waivers retained? _____ Where stored? _____
- 5. Does operator verbally ask about pre-existing injuries, and if any, refuse the session? Yes / No

Signature of Named Insured / Principal _____ **Date** _____

Disclaimer: Completion of this application and its review by any insurance company does not guarantee any offer of insurance will be made.



FRAUDULENT PRACTICES

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE

DISCLAIMER

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE NAMED INSURED PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE INSURER AND ITS APPOINTED REPRESENTATIVES ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT MUST NOTIFY THE INSURER OR ITS APPOINTED REPRESENTATIVES WHO MAY MODIFY OR WITHDRAW ANY QUOTATION.

THE INFORMATION CONTAINED AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER AND ITS APPOINTED REPRESENTATIVES AND, ALONG WITH THE APPLICATION, IS CONSIDERED TO BE PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF THE POLICY ISSUED.