



AXE / HATCHET THROWING APPLICATION

SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver / hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years if unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

GENERAL INFORMATION

Applicant:
Principal Contact:
Mailing Street Address:
Mailing City: State: Zip:
Location Street Address:
Location City: County: State: Zip:
Phone Number: Fax Number:
Website: www.
Business Type: Corporation Partnership Individual LLC Other:
Effective Date:
Risk Management Contact: Risk Management's Phone:
Risk Management Email:
Limit of Liability requested: \$ 300,000 Occurrence
\$ 500,000 Occurrence
\$1,000,000 Occurrence

1. Does the Applicant operate any other business from this location? Yes No
(List information below for each business, use a separate sheet to list information if necessary)
If yes, type of entity: Corporation Partnership Individual LLC Other:
Description of business:

2. Does the Applicant have separate insurance for this business? Yes No

3. Is the Applicant a member of the WATL? Yes No

SECTION I - PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

SECTION II - ADDITIONAL INSURED

if necessary use another sheet of paper

Name	Complete Address	Interest

SECTION III - PRODUCING INSURANCE AGENT

AGENCY:
CONTACT:
ADDRESS:
TELEPHONE: FAX:
E-MAIL:

THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.

SECTION IV - PROPERTY SECTION

N/A

Location Information

- 1. Please review building security measures listed below:
 - Fire Alarm: Yes No
 - Central Local
 - Burglar Alarm: Yes No
 - Is the alarm UL listed or approved? Yes No
 - Central Local
 - Smoke Detectors: Yes No
 - Battery Hardwired
- 2. Doors are: Metal Glass Frame
- 3. Do windows and glass doors have metal bars? Yes No
- 4. Describe other protection: (safe, dead bolt locks, metal bars, crash barriers in front of building, fire extinguishers, etc.)

- 5. If the Applicant's building is more than ten (10) years old, what year was the last time wiring, plumbing and heating / AC were updated and / or serviced?

- 6. Does the building have other occupancies? Yes No
 - If yes, describe:

- 7. Are there any additional locations to be covered? Yes No
 - If yes, please provide complete address and describe:

- 8. Is the building within city limits? Yes No
- 9. Is the building 100% sprinklered? Yes No
- 10. What is the distance to the nearest fire hydrant?
- 11. Other activities conducted on the premises:

SECTION V - RETAIL OPERATIONS

N/A

- 1. Estimated gross revenue for the next twelve (12) months:
 - Revenues from axe throwing ranges: \$
 - Revenues from knife throwing: \$
 - Revenues from mobile ranges: \$
 - Revenue from sale of alcohol: \$
 - Revenues from sale of sporting goods: \$
 - Other revenue, describe each separate activity and revenue for each:
 - a. \$
 - b. \$
 - c. \$
 - d. \$
 - Percentage of Total Revenue from:
 - a. Leagues: %
 - b. Scheduled Events: %
 - c. Walk-in Customers: %

SECTION VI - RANGE OPERATIONS

N/A

- | | | |
|--|-----|----|
| 1. Is the range in compliance with any recognized standards? (i.e. NATF, WATL) | Yes | No |
| 2. Does the range have any age restrictions?
If yes, please describe: | Yes | No |
| 3. Indoor Range?
Number of Lanes: | Yes | No |
| Outdoor Range?
Number of Lanes / Stations:
Maximum Distance Thrown: | Yes | No |
| 4. Axe Throwing? | Yes | No |
| a. Is a supervisor on duty at all times? | Yes | No |
| b. Are supervisors first aid certified? | Yes | No |
| c. Are waivers mandatory? (Please provide a copy) | Yes | No |
| 5. Number of range supervisors:
Max ratio of supervisors to lanes: | | |
| 6. Type of certification of range supervisors: | | |
| 7. Does the Applicant have written rules prominently displayed? | Yes | No |
| 8. Does the Applicant provide lessons?
If yes, provide qualifications of instructors: | Yes | No |
| 9. Number of annual participants: | | |
| 10. Does the Applicant offer knife throwing?
If yes: | Yes | No |
| a. Does the Applicant only allow WKTL approved knives? | Yes | No |
| b. Does the applicant require all knives to have a guard? | Yes | No |
| c. Is the Applicant a member of the WKTL? | Yes | No |
| d. Does the Applicant's fencing have openings that is greater than 3 inches? | Yes | No |
| 11. Does Applicant offer mobile axe/knife throwing?
If yes: | Yes | No |
| a. Type of events?: | | |
| b. Projected annualized number of mobile events: | | |
| c. Projected annualized revenue from mobile events: | | |
| d. Is alcohol allowed? | Yes | No |

SECTION VII - LIQUOR

- | | | |
|---|-----|----|
| 1. Does the Applicant require Liquor Liability insurance? | Yes | No |
| If yes, Does the Applicant possess a liquor license? | Yes | No |
| If yes, please provide licensee name/number/state: | | |
| 2. Has the Applicant or any owner ever had a liquor license revoked or suspended?
If yes, please explain: | Yes | No |
| 3. Has the Applicant had any violations or claims in the past 5 years?
If yes, please explain: | Yes | No |

4.	Are patrons or guest bartenders allowed to serve alcohol? If yes, please explain:	Yes	No
5.	Does the Applicant sell whole bottles of hard liquor to tables?	Yes	No
6.	Does the Applicant have written guidelines for checking ID?	Yes	No
7.	Are alcohol servers trained in documented, responsible alcohol serving techniques (i.e. TIPS, TAM, RAMP, BEST, etc.)?	Yes	No
8.	Is any training provided for servers in handling of minors or intoxicated customers? If yes, please explain:	Yes	No
9.	Does the Applicant allow "BYOB" on premises?	Yes	No
10.	Average cost of beer/wine/mixed drinks:	Beer: \$	Wine Bottle: \$
		Wine Glass: \$	Mixed Drinks: \$
11.	Average size of glasses/cups:	oz.	
12.	Does the Applicant run or plan to run the following alcohol promotions:		
	a. Reduced drink prices for more than 2 hours?	Yes	No
	b. Any prices reduced to \$1.00 or less?	Yes	No
	c. Multiple drink incentives (i.e. 2 for 1, every 3 rd drink is free, etc.)?	Yes	No
	d. Complimentary drinks or "all you can drink" specials (other than banquets, some rentals)?	Yes	No
13.	Does the Applicant offer flaming or ignited drinks?	Yes	No
14.	Does the Applicant ever permit employees who serve liquor to consume alcohol on the job?	Yes	No
15.	Does the Applicant ever permit employees who serve liquor to consume alcohol after shifts?	Yes	No
16.	Does the Applicant sell packaged goods for off-premises consumption?	Yes	No
17.	Are persons under the legal drinking age allowed on premises after 10 p.m.?	Yes	No
18.	Does the Applicant provide 3 rd party transportation (i.e. cabs)?	Yes	No

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)