



[Commercial Sports & Rec]

AXE THROWING APPLICATION



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AXE THROWING APPLICATION

PART 1 GENERAL INFORMATION

Broker: _____ Broker Phone: _____

Broker Contact: _____ Broker Email: _____

Applicant's Legal Name: _____

Mailing Address: _____ Postal Code: _____

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

Website: _____ Tel: _____ Email: _____

Desired Effective Date: DD/MM/YY _____ Expiry Date: DD/MM/YY _____

Name (if different than Applicant's Legal Name): _____

PART 2 RISK DETAILS

Number of years business has been in operation: _____

Number of years current owners have managed facility: _____ Total Number of employees: _____

Projected Gross Receipts: _____ \$

Please provide receipts per exposure:

Axe Throwing: _____ \$

Liquor: _____ \$

Food / Snacks: _____ \$

Retail: _____ \$

Other: _____ \$

Other: _____ \$

Does the Applicant operate any other business from this location? Yes No If "Yes", please describe below:

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

PART 3 AXE THROWING

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

Does the range have any age restrictions? Yes No If "Yes", please describe: _____

Indoor ranges? Yes No If "Yes", number of Indoor lanes: _____

Outdoor ranges? Yes No If "Yes", number of outdoor lanes: _____

Maximum distance axe is thrown (in feet): _____

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**

PART 4 RANGE SUPERVISION

Does the Applicant have all rules prominently displayed? Yes No

Does the Applicant provide lessons? Yes No If "Yes", please list all qualifications of Instructors below:

Number of annual Participants:

Any events, such as big games or tournaments, run on your premises by others? Yes No If "Yes", please describe below:

PART 5 OPERATIONS

Is the Liquor License in the Applicant's name? Yes No **Please provide a copy of the Liquor License**

If "No", what is the name on the License and what is their relationship to the Applicant?

Please list types of beverages sold:

Are employees certified to serve liquor? Yes No

Are all Employees at least 19 year of age? Yes No

Are Employees trained to strictly enforce all rules/regulations even if it means stopping a session early or refusing a session to customer? Yes No

What is the minimum age requirement you mandate for any Participant? What is the height requirement (feet):

Are there partitions between each lane from floor to ceiling to protect axes being thrown into other lanes? Yes No

Please describe how lanes are divided:

What is the height of lane partitions (in feet): Are Participants allowed to bring their own axe(s)? Yes No

Are any other types of weapons such as knives, stars, etc. to be used? Yes No If "Yes", please describe below:

PART 6 CONTRACTUAL LIABILITY

Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? Yes No If "Yes", explain below:

Does the Insured contract services from others? Yes No If "Yes", please explain below:

Are vehicles used to transport anyone? Yes No If "Yes", please explain below:

PART 7 CLAIMS INFORMATION

Does the Insured have a formal loss control program? Yes No If "Yes", explain below:

Does the Insured have a formal safety training program? Yes No If "Yes", explain below:

Does the Insured have a formal premises snow/ice clearance procedure? Yes No If "Yes", please provide details:

Check here if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER

Please attach any available insurance company loss reports with this application

PART 8 LIMITS OF LIABILITY

COMMERCIAL GENERAL LIABILITY	
Each Occurrence Limit	\$
Products: Completed Operations Aggregate Limit	\$
Personal Injury Limit:	\$
Tenants Legal Liability Limit:	\$
Medical Expense Limit – Per Occurrence / Per Person:	\$
Non-Owned Automobile Limit – Liability:	\$
Non-Owned Automobile Limit – Physical Damage:	\$
Employee Benefits Limit:	\$
Employers Liability Limit:	\$
Advertising Injury Limit:	\$
Other:	\$
Other:	\$

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

BROKER DECLARATION

How long have you known this applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the applicants operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this applicant? _____

Broker's Signature: _____

Position: _____

Please print name: _____

Date: _____

IMPORTANT CHECKLIST

Please ensure the following are included with your submission:

Copy of Axe Throwing Rules

Photos of the Facility

Emergency Evacuation Plan

Diagram of the Facility

Loss runs a/or Detailed Account of Any Past Losses

Brochure