



Donat Insurance Services, LLC

No Event Too Big or Small, We Insure Them All

www.DonatInsurance.com • Leigh@DonatInsurance.com

Axe/Hatchet Throwing Application

W6102 35th Street E., New Lisbon, WI 53950 • Phone: 608-565-2741 • Cell: 608-343-0273 • Fax: 608-565-2827

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 Address			
City		State	Zip
Location Address (if different from mailing address)			
City	County	State	Zip
Phone Number		Fax Number	
Website			
Type of Business: <input type="radio"/> Individual <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> LLC <input type="radio"/> Other			
Effective Date			
Risk Management Contact			
Risk Management 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? <input type="radio"/> Yes <input type="radio"/> No <i>(List information below for each business, use a separate sheet to list information if necessary)</i> If yes, type of entity: <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Individual <input type="radio"/> LLC <input type="radio"/> Other: _____ Description of business:			
2. Does the applicant have separate insurance for this business? <input type="radio"/> Yes <input type="radio"/> No			

PRIOR CARRIER INFORMATION

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

ADDITIONAL INSURED (If necessary use another sheet of paper)

Name	Complete Address	Interest

PRODUCING INSURANCE AGENT

Agency		
Contact		
Address		
City	State	Zip
Phone		
Fax		
Email		

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

PROPERTY SECTION

Location Information

1. Is the building <input type="radio"/> Owned <input type="radio"/> Leased
2. Please review building security measure listed below: Fire Alarm <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Central <input type="radio"/> Local Burglar Alarm <input type="radio"/> Yes <input type="radio"/> No Is the alarm UL listed or approved? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Central <input type="radio"/> Local Smoke Detectors <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Battery <input type="radio"/> Hardwired
3. Doors are <input type="radio"/> Metal <input type="radio"/> Glass <input type="radio"/> Frame
4. Do windows and glass doors have metal bars? <input type="radio"/> Yes <input type="radio"/> No
5. Describe other protection (safe, dead bolt locks, metal bars, crash barriers in front of building, fire extinguishers, etc.)
6. 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?
7. Does the building have other occupancies? <input type="radio"/> Yes <input type="radio"/> No If yes, describe:
8. Are there any additional locations to be covered? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide complete address and describe:
9. Are all activities and locations to be covered in full compliance with applicable federal, state and local regulations? <input type="radio"/> Yes <input type="radio"/> No
10. Is the building within city limits? <input type="radio"/> Yes <input type="radio"/> No
11. Is the building 100% sprinklered? <input type="radio"/> Yes <input type="radio"/> No
12. What is the distance to the nearest fire hydrant?
13. Other activities conducted on the premises:

SECTION IV - LIQUOR (CONT'D)

8. Is any training provided for servers in handling of minors or intoxicated customers? Yes No
If yes, please explain:

9. Does the Applicant allow "BYOB" on premises? Yes No
If yes, does Applicant have current Liquor Liability policy? 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 3rd 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 3rd 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, VT, 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 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 is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

Please Note:

This General Liability policy does not provide coverage for Liquor Liability.

If you are interested in Liquor Liability coverage, please contact our office at Leigh@DonatInsurance.com. The indication of interest is for the purpose of obtaining a quotation for coverage only and does not result in coverage without further application and payment of additional premium.