



Mid America Specialty Markets  
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## Laser Tag Questionnaire (Attach to an Acord Application)

Policy Number: \_\_\_\_\_

Applicant's name _____				
Address _____				
	Street	City	State	Zip
Applicant's website address _____	Contact's email address _____			

### Operations

- 1) What are the hours of operation? \_\_\_\_\_
- 2) Are Special parties offered after normal business hours?  Yes  No  
If yes, is the general public allowed on Premises during this time?  Yes  No
- 3) Are Waiver's of Liability requested of all patrons?  Yes  No  
If yes, do all minors have THEIR parents sign THEIR forms?  Yes  No
- 4) What is the minimum age for players? \_\_\_\_\_
- 5) Are adults and children allowed to participate in the playing zone at the same time?  Yes  No
- 6) What is the maximum number of players allowed in the playing zone at one time? \_\_\_\_\_
- 7) Do you use Game Masters in the playing zone?  Yes  No  
a. If yes, what is the ratio of players to game masters? \_\_\_\_\_  
b. Please describe your procedure for training of the game masters: \_\_\_\_\_
- 8) Are there any additional services or activities taking place on premises?  Yes  No  
If yes, please describe: \_\_\_\_\_
- 9) What are the Gross Sales for: Laser tag \$\_\_\_\_\_ Food Sales \$\_\_\_\_\_ Video Arcade \$\_\_\_\_\_
- 10) Do staging areas have Safety Rules Posted?  Yes  No  
If yes, do they include no running, climbing, crawling and physical contact warnings?  Yes  No
- 11) Are Safety briefings held prior to being allowed to play?  Yes  No
- 12) Do Emergency Procedures exist?  Yes  No  
If yes, are all employees trained in the Emergency Procedures?  Yes  No

### Equipment

- 1) Do you examine and maintain your equipment and premises daily prior to use?  Yes  No
- 2) Is there Emergency lighting in place in all areas of the building?  Yes  No
- 3) Are all exits from the playing Zone to the main part of the building clearly marked?  Yes  No
- 4) Are all exits from the building clearly marked?  Yes  No
- 5) What type of lighting exists in the playing zone? \_\_\_\_\_



The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

_____	_____
Applicant's Signature	Date
_____	_____
Agent's Signature	Agency Name
_____	_____
	Date