

AMUSEMENT CENTERS APPLICATION SUPPLEMENT

1.	Proposed First Named Insured & Other Named Insured(s):										
2.	Ma	ailing Address	Street		City		County		State	Z	ZIP Code
3.	Lo	cation Address	Street		City		County		State	Z	ZIP Code
4.	Au	dit/Inspection Contac	ct:	Name:							
		·	_	Phone Number:							
5.											
6.	Policy Period Desired: From: To:										
7.	Years in Business: Years Experience:										
8. Type of Entity:											
PRE	EVIO	US INSURER & LOS	SS HIS	STORY – Attach	separat	e sh	eet if necess	ary	See Loss Ru	ıns Att	ached
Missouri Applicants: DO NOT answer this question. Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years? No Yes - If Yes, give name of company, date, and reason:											
		all claims or losses (3 years:	regard	lless of fault and v	whether	or no	•		that may give	rise to	claims for
Ye	ar	Carrier	Carrier Policy Number Prem		Premi	um	Losses Paid	Losses Reserved			
BII	SINE	SS INFORMATION									
			da act	imated annual red	cainte fr	om a	ach operation	·			
	Indicate operations and provide estimated annual receipts from each operation: Arcade Machines \$										
Batting Cages \$											
		per Boats		\$		☐ Miniature Golf \$					
Bumper Cars \$					Petting Zoos \$						
Climbing Walls \$					Pony Rides (# of Ponies): \$						
	☐ Coin-Operated Kiddie Rides \$ ☐ Refreshment Stand \$										
	☐ Driving Ranges \$ ☐ Trampolines \$										
☐ Dunk Tanks \$					Waterslides \$						
Go-Kart Tracks \$						Other:		\$			
	☐ Inflatables \$										
1.	If yes, explain:										
 3. 											

4.	How often is maintenance of the grounds and equipment inspection performed:					
	Provide details:					
		Yes	No			
5.	Are service records kept on all equipment?					
6.	Are fire extinguishers with current service tags readily accessible in all areas?					
7.	Do you have all appropriate and required state and local licenses?					
8.	Is adequate lighting provided on night outdoor activities?					
9.	Has business been in operation for less than 6 months?					
	If yes, provide prior management experience:					
10.	Frequency maintenance is performed:					
	By whom:					
	COMPLETE ONLY THE SECTIONS THAT APPLY.					
Batt	ing Cages	Yes	No			
1.	Types of pitching machines you have: Wheel-type Mechanical Arm Both					
2.	Are all cages enclosed with netting?					
	If netting is flexible, is there a line clearly drawn indicating how far spectators must stay back?		Ï			
3.	Are rules posted stating:	ш				
0.	a. No more than one person in the batting cage at one time?		П			
	b. Shoes and helmets must be worn at all times?		H			
	c. Running and roughhousing prohibited?					
	d. No swinging bats outside the cages or warm-up area is allowed?					
Run	nper Boats	Yes	No			
1.	Indicate number and type of bumper boats: Electric: Gas:	163	NO			
2.	Do all gas bumper boats have exhaust guards?					
2. 3.	Are children under 8 years of age accompanied by an adult?					
	Is the maximum depth of the pool or pond greater than 3 feet?					
4. -						
5.	Does a fence entirely surround the pond or pool?					
6.	Are there any artificially generated waves in the pond or pool?					
	Novince was beginned at the climbing well.	Yes	No			
1.	Maximum height of the climbing wall: Width:					
	Year constructed:					
_ ,	The climbing wall is: Permanent Portable					
2.	Maximum climbing height permissible for children 12 years and under:		_			
3.	Are all instructors appropriately trained in climbing techniques and safety rules?					
4.	Are protective mats at the base of the climbing wall?					
,	Explain materials used:		_			
5.	Are all participants required to wear safety harnesses and helmets?					
6.	Do all participants sign waivers before being able to enter the facilities?					
7.	Is a daily inspection of the wall and safety equipment performed and results documented?					
	Inspections conducted by:	<u>—</u>				
8.	Are safety rules posted?					
9.	Is there a full-time staff member positioned to have a clear view of the climbing wall and all					
	participants at all times?					
10.	Is a full-time, first aid or CPR certified staff member present at all times?					
Driv	ing Ranges	Yes	No			
1.	Are all tee lines clearly marked?					
2.	Are signs posted that ball retrieval is prohibited?					
3.	If the driving range is next to a roadway, are there perimeter nets?					

Go-Kart Tracks Schedule of Go-Karts - Attach separate page if needed.						
Year		Make	Number	of G	n-Karts	
rear		Marc	Number	01 01	o-italits	
1.	Maxir	num speed go-karts are capable or to which they are governed: MPH				
2.	Desci	ibe type of track (Dirt, Bitumen, etc.) and provide a diagram of the track:				
3.	Do all	go-karts have:		Yes	No	
-		or 4 point seat belt harnesses?			П	
		oll bars?				
	c. P	assenger padding on steering wheel rim and hub, headrest and steering wheel suppo	ort post?			
	d. P	rotective cover for moving or heated components of the engine and drive-train?	·			
4.	Are h	elmets available at all times?				
5.	Is the	track area fenced to allow access only to riders and track personnel?				
6.	Are si	gns posted with the following instructions:				
	a. N	o bumping?				
	b. N	o in-line riding?				
		o smoking?				
		emain seated at all times?				
7.	_	p-karts equipped with operating remote control devices?		Ш		
8.	Indica	te materials used as a barrier system around the track? (e.g. hay, tires):				
9.	Are d	ivers 13 years and under allowed to drive unaccompanied by an adult?				
10.	Are d	ivers required to be at least 54" tall to drive a standard cart?				
11.	Does the go-kart track cross over itself at any time?					
12.	Are daily vehicle maintenance records kept on all carts?					
13.	Is track monitored for overcrowding and inappropriate behavior?					
	Expla	n:				
14.		e extinguishers with current service tags readily available?				
	ature (
Are	all char	ges in elevation, including steps, clearly marked? Yes No				
Pett	ing Zo	os	•	′es	No	
1.		I participants provided with facilities to wash and sanitize their hands before and after	· petting			
	the ar	imals?				
2.	Are cl	nildren allowed to handle the animals?				
3.	Is the	animal waste cleaned up regularly?				
	How	often:				
4.		ere any exotic animals?				
		list all exotic animals:		_	_	
5.		re any off premises exposure?		Ш		
	If yes	describe in detail:				

Pony	Yes No					
1.	Are ponies tethered to a sweep?					
2.	Is there at least 5 feet maintained between the ponies					
3.	Is there a fence that surrounds the ponies, and is at least 5 feet from the ponies?					
4.	Has the operator had at least 2 years experience operating a pony sweep?					
5.	Do you give any hand led pony rides?					
FRAUD STATEMENTS						
FLORIDA: 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.						
LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.						
Refer to the Core Application for all Fraud Statements.						
IMPORTANT NOTICE						
DECLARATION						
I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.						
As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.						
SIGNATURES						
Applic	ant Signature	Title	Date			
Produ	cer Signature	Date				
Producer Name and Address						