

AMUSEMENT CENTERS APPLICATION SUPPLEMENT

1. Proposed First Named Insured & Other Named Insured(s):										
2.	Mailing Address	Stree	t	City		County		State	Z	ZIP Code
3.	Location Address	Stree	t	City		County		State	Z	ZIP Code
4.	Audit/Inspection Co	ntact:	Name:							
	Mahaita Address		Phone Number:							
5. 6.	Website Address: Policy Period Desire	d. From				To:				
0. 7.	Years in Business:		1.				Experience:			
8.		Individua Other (s		ship [Joint Vent	ure 🗌 LL(C	
PRE	/IOUS INSURER &	LOSS HI	STORY – Attach	separa	te sh	eet if necess	ary	See Loss R	uns At	tached
Has i	ouri Applicants: DO nsurance of this type o	e been ca jive name	ncelled, refused, o e of company, date	or nonre e, and re	easor	ו:				claims for
	ast 3 years:	es (regan		whether	orne			that may give	iise io	
Yea	r Carrier		Policy Number	Premi	um	Losses Paid	Losses Reserved	Descrip	otion of	Loss
BUSINESS INFORMATION										
Indica	ate operations and p	rovide es	timated annual re	ceipts fr	om e	ach operatior	ו:			
	cade Machines		\$		i	∟og Rolls		\$		
Batting Cages \$ Mechanical Rides \$										
B	Bumper Boats \$ Miniature Golf \$									
Bumper Cars \$ Petting Zoos \$										
Climbing Walls \$ Pony Rides (# of Ponies): \$										
Coin-Operated Kiddie Rides \$										
Driving Ranges \$ Trampolines \$										
Dunk Tanks \$				Waterslides \$						
Go-Kart Tracks					Other:		\$			
	flatables		\$						Vaa	Ne
1. 2. 3.	Do you operate any If yes, explain: Is an attendant, who Are any alcoholic be	is at lea everages	st 25 years old, or served or allowed	n the pre	emise prem	s at all times		ting hours?	Yes	No
	If yes, has your license ever been revoked or suspended?									

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?					
3.	Are rules posted stating:					
	a. No more than one person in the batting cage at one time?					
	b. Shoes and helmets must be worn at all times?					
	c. Running and roughhousing prohibited?					
	d. No swinging bats outside the cages or warm-up area is allowed?					
Bun	nper Boats	Yes	Νο			
1.	Indicate number and type of bumper boats: Electric: Gas:					
2.	Do all gas bumper boats have exhaust guards?					
3.	Are children under 8 years of age accompanied by an adult?					
4.	Is the maximum depth of the pool or pond greater than 3 feet?					
5.	Does a fence entirely surround the pond or pool?					
6.	Are there any artificially generated waves in the pond or pool?					
Clin	nbing Walls	Yes	Νο			
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:					
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.

		1 1 5			
Y	'ear	Make		Number of Go-Karts	
1.	Maxir	num speed go-karts are capable or to which they are governed:	MPH		
-					

2. Describe type of track (Dirt, Bitumen, etc.) and provide a diagram of the track:

-						
3.	Do all go-karts have:	Yes	No			
	a. 3 or 4 point seat belt harnesses?	Ц				
	b. Roll bars?	Ц				
	c. Passenger padding on steering wheel rim and hub, headrest and steering wheel support post?					
	d. Protective cover for moving or heated components of the engine and drive-train?					
4.	Are helmets available at all times?	Ц				
5.	Is the track area fenced to allow access only to riders and track personnel?					
6.	Are signs posted with the following instructions:	_	_			
	a. No bumping?	Ц				
	b. No in-line riding?	Ц				
	c. No smoking?	Ц				
_	d. Remain seated at all times?					
7.	Are go-karts equipped with operating remote control devices?					
8.	Indicate materials used as a barrier system around the track? (e.g. hay, tires):					
9.	Are drivers 13 years and under allowed to drive unaccompanied by an adult?					
10.	Are drivers 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?					
	Explain:	_				
14.	Are fire extinguishers with current service tags readily available?					
Miniature Golf						
Are	all changes in elevation, including steps, clearly marked?					
Pett	ing Zoos	Yes	No			
1.	Are all participants provided with facilities to wash and sanitize their hands before and after petting					
	the animals?					
2.	Are children allowed to handle the animals?					
3.	Is the animal waste cleaned up regularly?					
	How often:	_				
4.	Are there any exotic animals?					
	If yes, list all exotic animals:	_				
5.	Is there any off premises exposure?					
	If yes, describe in detail:					

Pony Rides		Yes	No
1.	Are ponies tethered to a sweep?		
2.	Is there at least 5 feet maintained between the ponies on the sweep?		
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

Applicant Signature	Title	Date	
Producer Signature		Date	
Producer Name and Address			