



Policy Information

Expiring

Prior Carrier	Limit of Liability	Premium	Deductible

Expiration date of policy: _____

Note: *For new owner/operators, we require a resume and business plan prior to quoting.*

Has your policy ever been canceled / Non renewed: Yes No If yes, explain:

Please attach **Five** year currently valued / updated loss runs from prior carriers. If any claim activity please give details below:

Operations Receipts:

(If more than one location, please fill out sheet for each location)

Arcade	_____	Rock climbing wall	_____
Batting cages	_____	Laser tag	_____
Bumper boats	_____	Water wars	_____
Bumper cars	_____	Other (please write in activities and receipts if not listed)	
Concessions	_____		_____
Driving range	_____		_____
Go-karts (gas)	_____		_____
Go-karts (electric)	_____		_____
Go-karts (kiddie, rookie)	_____		_____
Miniature golf	_____		_____
		Total	_____



Facility Information Part 1

How long has the owner had this facility: _____ # of years experience: _____

Is facility open year-round: Yes No (If no, operational months) _____ to _____

Days open per week: _____ Hours: _____

of employees: _____ How many on a average day: _____

Do you contract or employ any security: Yes No

If yes, are they contracted or employed: _____

Are they off duty police officers: Yes No

If yes, are they armed: Yes No

Are any alcoholic beverages served or allowed on the premises: Yes No

Is the entire facility fenced off: Yes No

Are all attractions fenced in: Yes No

Are rules posted by each activity: Yes No

Do you provide day care or babysitting services: Yes No

Do you provide after school and/or summer programs: Yes No

Do you have an employee handbook: Yes No

Do you use any kind of waivers: (If so, please attach a copy of waiver) Yes No

Is each attraction monitored by an employee: Yes No

Do you have fireworks display: Yes No

If yes, are the displays managed by employees or contractor: _____

How are employees trained: _____



Facility Information Part 2

Do you have an employee safety program: Yes No

If yes please explain: _____

Is there a formal ride / equipment maintenance program: Yes No

If yes please explain: _____

How many fire extinguishers: _____ Are they all charged: Yes No

Location(s): _____

Is there more than one exit in the main building structure: Yes No

First Aid

Do you have a first aid kit(s): Yes No

How many: _____ Location(s): _____

Are any employees CPR / first aid certified: Yes No

Inspections

Are the rides inspected by a state agency: Yes No

If yes how often: _____

Is the facility inspected by the fire dept: Yes No

If yes how often: _____

Any other type of inspection(s): Yes No

If yes, please specify: _____



Arcade

of Games: _____ Redemption area: Yes No
 Type of flooring: _____ Wires exposed: Yes No

Batting Cages

Cage	1	2	3	4	5	6	7	8	9	10
Speed										

of attendants at batting cages: _____ Manufacturer of machine: _____
 # of participants in cage at one time: _____ Helmets required: Yes No
 Are rules clearly posted: Yes No
 Is the batters box and home plate clearly marked: Yes No
 Are cages completely enclosed with netting: Yes No
 Are machines maintained daily: Yes No
 Is a maintenance log book kept: Yes No

Bumper Boats

of boats: _____ Manufacturer: _____ Gas or electric: _____
 Age/height requirements: _____ # of attendants at bumper boats: _____
 Size of pool: Length _____ Width _____ Depth _____
 Are rules clearly posted: Yes No
 Are props under the boat protected: Yes No
 Are life vest available: Yes No
 Is pool fenced in: Yes No
 Is a maintenance log book kept: Yes No



Bumper Cars

of cars: _____ Manufacturer: _____ Gas or electric: _____

Age/Height requirements: _____ # of attendants: _____

Size of area: Sq. footage: _____ Length: _____ Width: _____

Are cars equipped with steering pads and head pads: Yes No

Are cars equipped with seat belts: Yes No

Are rules clearly posted: Yes No

Is area fenced in: Yes No

Are machines maintained daily: Yes No

Is a maintenance log book kept: Yes No

Concessions

Types of food sold: _____

Do you use a grill: Yes No

Do you use deep fryers: Yes No

Is there an automatic ansul system protecting cooking/fryer surfaces: Yes No

Do you have a fire extinguisher nearby: Yes No

Miniature Golf

of holes: _____

Attendants on duty: Yes No

Area fenced in: Yes No

Walkways well lit: Yes No

Is there water: Yes No

Rules clearly posted: Yes No

Driving Range

of tees: _____

Fencing or netting: Yes No

Are there dividers: Yes No

More then one level: Yes No

Are attractions exposed: Yes No

Rules clearly posted: Yes No



Laser Tag

Square footage: _____ Avg. # of employees: _____

Minutes per game: _____ # of people per session: _____

How many emergency exits: _____ Are the exits well lit: Yes No

Are the exits locked from the inside: Yes No

Is there more than one level: Yes No

Are there any stairs: Yes No

Climbing Wall

Manufacturer: _____ Height of wall: _____

of employees: _____ How many climbers at a time are allowed: _____

What type of harness is used: _____

Is a maintenance log kept: Yes No

Are there age, height, and weight restrictions: Yes No

If yes, what are they: _____

List Other Attractions (Rides, inflatables, mechanical etc)

Name: _____ Manufacturer: _____

Name: _____ Manufacturer: _____

Name: _____ Manufacturer: _____

Name: _____ Manufacturer: _____

Name: _____ Manufacturer: _____

Name: _____ Manufacturer: _____



Kiddie Rides

Kiddie rides - coin operated: # of rides: _____

List ride(s): _____

Kiddie rides - non coin operated: # of rides: _____

List ride(s): _____

Inflatables: # of Inflatable(s): _____

Name of inflatable(s): _____

Pony rides: # of ponies: _____

Are ponies tethered to a sweep: Yes No

Is the area fenced in: Yes No

Do you give any hand led pony Rides: Yes No

Soft play: # of attendants at soft play: _____

Manufacturer: _____ What are the age requirements: _____

What is the square footage of the soft play area: _____

Is the soft play multiple levels: Yes No

Kiddie Rides General Questions

Are there attendants at each activity: Yes No

Are the rides checked daily: Yes No

Is there a maintenance log kept: Yes No

How are the rides secured overnight: _____

Go-Karts

Track Information

Number of tracks: _____

of karts owned: _____

Track indoor/outdoor: _____

Height of fence: _____

Type of fence : _____

Surface of tracks: _____

Barrier around track: _____

Type of Barrier: _____

Height/age requirements: _____

Speed of karts: _____

of employees at track: _____

Height marker: Yes No

Are waivers used: Yes No
(if yes, attach copy)

Rules posted: Yes No

First aid kit in the pits: Yes No

How many fire extinguisher
are in the track area: _____

How many fire extinguishers
Are in the pit area: _____

Kart Information

Gas or electric: _____

Manufacturer: _____

Karts have seat belts: Yes No

How are belts checked: _____

Helmets available: Yes No

Padded steering: Yes No

Bumpers on karts: Yes No

Cut off switches installed: Yes No

Belt guard covers: Yes No

Remote shut offs used: Yes No

Maintenance Shop

Maintenance logs per kart: Yes No

Maintenance logs per day: Yes No

Maintenance logs per week: Yes No

Karts kept in shop overnight: Yes No

Fire extinguishers in shop: Yes No

Is any gas stored in shop: Yes No

How is gas stored: _____



Additional Information/Comments

Important Notice

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

Applicant Signature:

Title

Date

Producer Signature:

Date:

Producer name and address: