

SECTION 1: BROKER DETAILS

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Website: _____

General email: _____ Contact E-mail: _____

Contact Name: _____

SECTION 2: RISK DETAILS

2.1 Effective Dates

Policy period required from (effective date): _____ to (expiry date): _____

2.2 Mailing information

Name of Insured as it is to appear on policy: _____

Name of Organization (if different): _____

Mailing Address: _____

2.3 What is the insured?

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify) _____

2.4 Physical Address of Organization (if different than mailing):

Address: _____

2.5 Webpage: _____

2.6 Provide number of years the business has been in operation: _____

Operating Season: From: _____ To: _____

Total Gross Receipts: \$ _____

Annual Admissions: _____

Hours of Operation: _____

Park Capacity: _____

2.7 Does the applicant presently carry insurance?

☐ Yes ☐ No

If yes, please identify the name of the company that insures the risk: _____

Current premium: _____

If no, please explain: _____

Is the current insurer offering renewal? ☐ Yes ☐ No

If no, please explain: _____

2.8 What is the maximum capacity of the premises? _____

Are there daycare/babysitting operations on site?

☐ Yes ☐ No

If yes, please complete and submit the Abuse Application.

Please explain service: _____

Child to Attendant Ratio: _____

2.9 Describe First Aid Facilities: _____

Number of employees Certified in CPR: _____

Minimum number of CPR Trained Employees on duty at any time: _____

Distance to Fire Department / Response Time: _____

Closest Fire Hydrant: _____ feet

Number of Fire Extinguishers on premises: _____

Smoke / Fire Alarm Types (local / central station): _____

Distance to Ambulance / Response Time: _____

Emergency Lighting: ☐ Yes ☐ No

Describe physical security (alarms / deadbolts / fencing / etc.) _____

Do you host special events such as concerts or fireworks displays? ☐ Yes ☐ No

If yes, please complete and submit the Special Events Application.

ATTRACTION INFORMATION

Arcades:

2.10 Number of Units: _____

Receipts: \$ _____

Number of Attendants: _____

Does the insured own or lease games? _____

Type of floor covering: _____

Describe who provides service/maintenance on machines? _____

Are all machines properly grounded? ☐ Yes ☐ No

Batting Cages:

2.11 Number of Units: _____

Receipts: \$ _____

Number of Attendants: _____

Manufacturer: _____

Oldest Unit: _____

Minimum age: _____

Number of participants allow in cage at one time: _____

Are helmets required?

☐ Yes ☐ No

Are cages completely closed?

☐ Yes ☐ No

Are areas clearly marked for right or left handed batters?

☐ Yes ☐ No

Are Home plates clearly marked?

☐ Yes ☐ No

Can participants alter settings on the pitching machines?

☐ Yes ☐ No

Maximum speed for ages Under 12: _____

Maximum speed for ages Over 12: _____

Billiards:

2.12 Number of Units: _____

Receipts: \$ _____

Number of Attendants: _____

Manufacturer: _____

Oldest Unit: _____

Coin operated or Rent? _____

Floor surface: _____

Tournaments?

☐ Yes ☐ No

Bumper Boats:

2.13 Number of Units: _____

Receipts: \$ _____

Number of Attendants: _____

Manufacturer: _____

Oldest Unit: _____

Age / Height requirements: _____

Depth of water: _____

Depth marked on side of pool?

☐ Yes ☐ No

Coloured dye in water?

☐ Yes ☐ No

Height of observation fence: _____

How are propellers protected? _____

Amount of gas on premises? _____

How is it stored? _____

Where are boats refueled? _____

Bumper Cars:

2.14 Number of Units: _____

Receipts: \$ _____

Number of Attendants: _____

Manufacturer: _____

Age / Height requirements: _____

Are cars equipped with a dash pad & headrest pad?

☐ Yes

☐ No

Are seatbelts required?

☐ Yes

☐ No

If no, please explain: _____

How is public restricted from floor area while cars are in motion? _____

Concessions:

2.15 Number of Stands: _____

Receipts: \$ _____

Square Footage: _____

Describe goods sold: _____

Are the food operations handled by the insured or a subcontractor: _____

(Attach Certificate)

Is there a grill?

☐ Yes

☐ No

Is there a deep fryer?

☐ Yes

☐ No

Is there an automatic ansul system protecting cooking/frying surfaces?

☐ Yes

☐ No

Hoods / ducts cleaned by contractor:

☐ Monthly

☐ Quarterly

Golf Driving Ranges:

2.16 Number of Stalls: _____

Receipts: \$ _____

Number of Attendants: _____

Are Restricted Areas marked?

☐ Yes

☐ No

Restricted to one person per box?

☐ Yes

☐ No

Describe partitions between tee boxes: _____

Number of levels: _____

Other attractions exposed to range? _____

Go Karts:

2.17 Number of Single Carts: _____

Number of Double Carts: _____

Number of Tracks: _____

Receipts: \$ _____

Number of Attendants: _____

Number of Extinguishers / Type: _____

Please attach diagram and mark placement of where attendants and extinguishers are located.

Age / Height requirements:_____

Maximum Speed of Karts:_____

Are governors installed?

☐ Yes

☐ No

Maximum number of karts on track at one time?_____

Manufacturer:_____

Oldest Unit:_____

Are seatbelts required?

☐ Yes

☐ No

If no, please explain:_____

Are helmets required?

☐ Yes

☐ No

Roll bars?

☐ Yes

☐ No

Bumper Guards?

☐ Yes

☐ No

Describe Remote Control device for shut down:_____

Is double riding allowed?

☐ Yes

☐ No

Padded steering wheel?

☐ Yes

☐ No

Is there a Headrest support?

☐ Yes

☐ No

Type of track surface:_____

Racing allowed?

☐ Yes

☐ No

Do you allow timed runs?

☐ Yes

☐ No

Describe guardrail protection:_____

Amount of Gas on Premises:_____

How Stored?_____

Are all engines covered to keep obstacles out and to prevent injuries to riders?

☐ Yes

☐ No

Kiddie Rides:

2.18 Number of Units:_____

Receipts: \$_____

Number of Attendants:_____

Are all rides in full compliance with ASTM-24 Standards?

☐ Yes

☐ No

Schedule: (Indicate if coin operated)

NAME	MANUFACTURER	SERIAL NUMBER	COIN OPERATED
_____	_____	_____	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
_____	_____	_____	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
_____	_____	_____	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
_____	_____	_____	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
_____	_____	_____	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
_____	_____	_____	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
_____	_____	_____	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
_____	_____	_____	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>

Miniature Golf:

2.19 Number of Holes: _____

Number of Courses: _____

Receipts: \$ _____

Number of Attendants: _____

Manufacturer: _____

Oldest Unit: _____

Are walkways marked and lighted?

☐ Yes☐ No

What is the surface of the walkways: _____

Number of course structures with moving parts: _____

Is access by public limited?

☐ Yes☐ No

Are lights covered and protected?

☐ Yes☐ No

Are ground fault Interrupters in place?

☐ Yes☐ No

Soft Play / Ball Crawl:

2.20 Manufacturer: _____

Oldest Unit: _____

Type of floor covering: _____

Number of employees supervising play area: _____

Is there a ratio for attendants to children?

☐ Yes☐ No

Please explain: _____

Will each attraction be supervised by an attendant?

☐ Yes☐ No

How often are inspections done? _____

Is insured allowed to deviate from manufacturer’s recommendations for assembly

☐ Yes☐ No

Are there any trampolines, jumping pillows, inflatables?

☐ Yes☐ No

Other:

2.21 Please list all other rides / attractions / areas at your park and the number of units when applicable:

Attraction / Area	Number of Units	Receipts
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Frequency of attraction / area self-inspection: _____

Documented?

☐ Yes☐ No

Instructional signage posed for each attraction?

☐ Yes☐ No

If the area or attraction includes liquor sales, please complete and submit the Liquor Liability Application.

Operations:

2.22 Does the Insured have food and/or beverage sales?

☐ Yes ☐ No

If yes, please indicate receipts: Food: \$ _____ *Alcohol: \$ _____

***If receipts indicate liquor sales please complete and include a Liquor Liability Application**

SECTION 3: LIABILITY

3.1 (A) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?

☐ Yes ☐ No

If yes, please provide details: _____

(B) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract?

☐ Yes ☐ No

(C) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured?

☐ Yes ☐ No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?

☐ Yes ☐ No

(D) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?

☐ Yes ☐ No

3.2 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation?

☐ Yes ☐ No

If no, please provide explanation: _____

3.3 Non-Owned Automobile

(A) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? ☐ Yes ☐ No

If yes, please give details: _____

(B) Does the Insured rent or lease vehicles from others?

☐ Yes ☐ No

If yes, (i) How often per year? : _____

(ii) Are any of these vehicles driven in the United States?

☐ Yes ☐ No

(C) Does the Insured contract services from others?

☐ Yes ☐ No

If yes, please describe: _____

(D) Are vehicles used to transport anyone?

☐ Yes ☐ No

If yes, how often and for what purpose: _____

SECTION 4: CLAIMS INFORMATION

- 4.1

Does the Insured have a formal loss-control program?

☐ Yes ☐ No
- If yes, please provide details:
-
-
-
- 4.2
- Does the Insured have a formal employee safety-training program?
- ☐ Yes ☐ No
- If yes, please provide details:
-
-
-
- 4.3
- Does the Insured have a formal premises snow/ice clearance procedure?
- ☐ Yes ☐ No
- If yes, please provide details:
-
-
-
- 4.4
- Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports:
(Please use additional sheet if necessary)
-
-
-
-
-
-

SECTION 5: LIMITS OF LIABILITY REQUIRED

- 5.1

Commercial General Liability
- Each Occurrence Limit

\$
- Products - Completed Operations Aggregate Limit

\$
- Personal Injury Limit

\$
- Tenants Legal Liability Limit

\$
- Medical Expense Limit - Per Occurrence/Per Person

\$
- Non-Owned Automobile Limit:

• Liability

\$

• Physical Damage

\$
- Employee Benefits Limit

\$
- Employers Liability Limit

\$
- Advertising Injury Limit

\$
- Advertising Injury Limit

\$
- Deductible

\$
- (minimum \$1,000 except go-carts @ \$2,500)

SECTION 6: DECLARATIONS

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed:_____ Full Name:_____

Position Held:_____ Date:_____

SECTION 7: ADDITIONAL INFORMATION

[illegible]