

TOTTEN GROUP

I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: casualty@tottengroup.com Website: www.tottengroup.com

AMUSEMENT RISKS APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Applicant is: Individual Partnership Corporation Joint Venture Other (Specify) _____

1. Name of Applicant _____
Doing Business as _____
2. Mailing Address _____
3. Phone _____ Fax _____
4. Website _____
6. Owner/President _____ Year in business _____
7. Proposed Effective Date _____ Expiration _____
8. Operating Season _____ To _____
9. Interest in Premises _____ % Occupied _____ # of Stories _____
10. Other Occupancies _____
11. Do you have a diagram or brochure of the premises? (please attach) Yes No
12. Do you have a formal operations/training guide? Yes No
13. Are Alcoholic Beverages sold? Yes No
14. Trade Associations which Insured Belongs to _____
15. Prior Insurance Carrier _____
16. Has insurance ever been Cancelled Declined Non-renewed

LIABILITY

Coverage	Limits Desired	Deductible
General Aggregate	\$5,000,000 _____	\$ _____ Reimbursement Clause
Commercial General Liability	_____	_____
Tenants Legal Liability	_____	_____

CLAIMS LOSS EXPERIENCE (Last 5 years) Attach additional information if necessary



1. Additional Insured's / Address _____
2. Franchiser _____
3. Lessor _____
4. Other _____

OPERATION INFORMATION

1. Total Gross Receipts _____ # Annual Admissions _____
2. Hours of Operation _____ Park Capacity _____
3. Describe Parking Facilities & Lighting _____
4. Describe Security (armed/unarmed) _____
5. Is Security present during open hours? Yes No Closed Hours? Yes No
 Employees or Subcontracted employees? (list subcontractor) Attach certificate _____
6. Do you provide Baby-sitting/Day Care? Yes No Child to Attendant Ratio _____
 Details of Service _____
7. Describe First Aid facilities _____
 Number of employees Certified in CPR _____
 Minimum # of CPR Trained Employees on duty at any time _____
8. **Protection** Fire - Hydrant within _____ Feet Metres Fire hall Fulltime Volunteer _____ kms
 Sprinkler System - Yes No Wet Dry % of Building Sprinklered _____
 Alarm - Yes No Central Monitored Local
 Fire Extinguishers - # _____ Type ABC K (restaurants) _____ Size _____ lbs
9. Distance to Ambulance / Response Time _____
10. Emergency Lighting Yes No
11. Physical Security (alarms/deadbolts/fencing, etc) _____
12. Do you host special events such as concerts or fireworks displays? Yes No
 (if yes, please fill out Special Events Supplemental application & attach)

ATTRACTION INFORMATION

1. List all the rides / attractions / areas at your park and the number of units applicable - (# karts/holes/games/etc.)

ATTRACTION / AREA	# UNITS	RECEIPTS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Frequency of attraction self-inspection _____ Documented Yes No
 Instructional signage posted for each attraction? _____
2. **ARCADES** # of Units _____ Receipts \$ _____ # of Attendants _____
 Does the insured own or lease games? _____
 Who provides service/maintenance on machines? _____
 Type of Floor Covering? _____
 Are machines properly grounded? Yes No



3. **BATTING CAGES** # of Units _____ Receipts \$ _____ # of Attendants _____
 Manufacturer _____ Oldest Unit _____
 Minimum Age of participant _____ # of participants allowed in cage at one time? _____
 Are helmets required? Yes No Is cage enclosed? 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 _____

4. **BILLIARDS** # of Units _____ Receipts \$ _____ # of Attendants _____
 Manufacturer _____ Oldest Unit _____
 Coined operated or rent? _____ Floor surface _____
 Tournaments? Yes No

5. **BUMPER BOATS** # of Units _____ Receipts \$ _____ # of Attendants _____
 Manufacturer _____ Oldest Unit _____
 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? _____
 Number of attendants CPR certified? _____ First Aid certified? _____
 Where are boats refueled? _____

6. **BUMPER CARS** # of Units _____ Receipts \$ _____ # of Attendants _____
 Manufacturer _____ Oldest Unit _____
 Age/height requirements _____
 Are cars equipped with a dash pad & headrest pad? Yes No
 Are seatbelts required? (If no, please explain) Yes No
 How is public restricted from floor area while cars and in motion? _____

7. **CONCESSIONS** # of Stalls _____ Receipts \$ _____ Square footage _____
 Are food operations handled by Insured or subcontractor? (attach certificate) Yes No
 Is there a grill? Yes No Is there a deep fryer? Yes No
 Is there an automatic wet chemical extinguishing system protecting cooking/frying surfaces? Yes No
 Details of system. Please include service, maintenance, cleaning contract details _____

8. **GOLF DRIVING RANGES** # of Stalls _____ Receipts \$ _____ Square footage _____
 Are restricted areas marked? Yes No Restricted to one person per box? Yes No
 Describe partitions between tee boxes _____
 # of levels _____ Other attractions exposed to range? _____

9. **KIDDIE RIDES** # of Units _____ Receipts \$ _____ # of Attendants _____
 Are all rides in full compliance with TSSA Standards? _____

NAME OF RIDE	MANUFACTURER	SERIAL NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____



10. **GO KARTS** # Single carts _____ # Double Carts _____ # Tracks _____ Receipts \$ _____
 # Attendants _____ # of Extinguishers/Type _____
 Manufacturer _____ Oldest Unit _____
 Age/height requirements _____
 Maximum speed of carts? _____ Are governors installed? Yes No
 Maximum number of Karts on track at one time _____
 Are seatbelts required? (If no, please explain) Yes No
 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
 It there a Headrest support? Yes No
 Type of track surface? _____
 Describe Guardrail protection? _____
 Amount of Gas on Premises _____ How stored? _____

****PLEASE REFER TO AND COMPLETE THE ATTACHED GO KART QUESTIONNAIRE****

11. **LAZER TAG**
 Minimum Age of Participant _____ Waivers required? (please attach) Yes No
 Size of play area Yes No Emergency Exit Available Yes No Exits Visible & Marked Yes No
 Type of Floor Covering _____ Partition walls used? Yes No Are Corners Padded? Yes No
 Is Emergency lighting available? Yes No Is there skid proofing on all ramps? Yes No
 Maximum Number of Players per Exercise _____ Are players grouped according to Age & Size? Yes No
 Do attendants mix age groups? _____ Is attendant in play area during exercise? _____
 Length of exercise? _____ Are parents allowed to accompany their children? Yes No
 Are Lazers attached to vests with tether when is use? Yes No Is head protection available? Yes No
 Are Lazers two handed? Yes No Are guns padded? Yes No

12. **MINITURE GOLF** Total # holes _____ # Courses _____ Receipts \$ _____ # Tracks _____
 Manufacturer _____ Oldest Unit _____
 Are Walkways Marked and Lighted? Yes No
 Number of course structures equipped 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

13. **SOFT PLAY/BALL CRAWL**
 Manufacturer _____ Age of equipment _____
 How is equipment anchored? _____
 Number of employees supervising play area _____ Is there a set ratio for attendants to children? If no, explain Yes No
 Will each attraction be supervised by an attendant? Yes No
 How often are maintenance inspections done? _____
 Is insured allowed to deviate from manufacturer's recommendations for assembly? Yes No



GO KART QUESTIONNAIRE

GENERAL DESCRIPTION – GO KART TRACK

EXTERIOR TRACK

1.	Surface	Asphalt or concrete	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Inclination	Flat, no grades, no banking on corners	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Width	Between 18 and 30 feet	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Length	What is the total length of your track?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Straightway	300 feet long or less	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Side	No ditches along side track	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Crash Barriers	Double row piled HORIZONTALLY of motor car (not commercial or agricultural vehicle tires placed in unbroken line and bound together along inner and outer edge of track, tires lie HORIZONTALLY on ground. Only gap allowed where karts enter and leave track. Maximum height of piled tires anywhere is three tires. DESCRIBED ANY OTHER BARRIERS ON TRACK	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Markings	White continuous line painted along inner & outer side of track with broken line in center	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Safety Space	A clear space is maintained between the double row of tires or other barrier and the safety fence mentioned below of not less than 15 feet free of all type of obstruction	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Safety Fence	The complete track area is enclosed in a Safety fence of wire link fencing not less than 4 feet in height and having no gap between the bottom of the fence and the ground.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Safety Equipment	At least two approved A.B.C. type fire extinguishers kept; one adjacent to the refueling area and one in such a position as to be readily available for use on the track. A commercial first aid kits with sufficient quantities of bandages etc... to be kept for use a time of emergency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Notices	Suitable notices prominently displayed warning against "BUMPING, CUTTING, TOUCHING THE MOTOR, LEAVING THE KART AND STANDING OR WALKING ON THE TRACK". Also at the entrance of the track a notice to be displayed clearly describing the position and function of the pedals. Any patron with motor vehicle experience or go-kart experience shall be permitted to ride the go-kart, subject to management's right to disentitle the patron for breach of track rules or safety concerns. (Size of letters to readable at least 30 ft. away.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Fuel Storage	Fuel stored adjacent to the track in such a position that a kart out of control could not strike it or a spectator's cigarette could not land near the refueling area.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Helmets	Are all participants required to wear safety Hemet? C.S.A.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Hair	Are employees providing all long hair participants with elastic bands and rigidly enforcing the use of these to tie back their hair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Land	Does Applicant own land? If not print name and address of lessor	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Use	Are individually owned karts forbidden to run on the same course at the same time as rental karts	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Rentals	Track is used only for rental concession by Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Agreements	Are there any written rules and regulations regarding riders, employees as well as any hold harmless agreements? If YES, provide copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Employees	Do employees wear clearly identifiable clothing? Are employees trained with Red Cross, CPR Life saving Techniques Outlined Safety Procedure Education Program for Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No

What is the minimum number of attendants? _____ Maximum number? _____

What is the maximum number of months per year track is opened to the general Public? _____



GO KART QUESTIONNAIRE cont...

EQUIPMENT

1.	All Karts made by a recognized manufacturer? NAME _____ MODEL _____ YEAR of KART _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	All chains and sprockets guarded	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Brakes fitted to all karts and brakes and steering system is maintained in good condition at all times	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Speed limit governed to a MAXIMUM of 26 MPH	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you allow double riding? Do you have side by side double seater karts? How many? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Number of Karts owned: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Maximum number of karts used at one time: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Padded steering wheel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Governor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Seat Belts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Bumpers all around?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Ignition cut-off switch?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Belt guard cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Tank caps fit securely?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Exhaust carries away from driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Remote shut-off system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	List Maintenance procedure for all karts: Daily _____ _____ Weekly _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROCEDURE

1.	Starting of driving sessions to be in line ahead, not in line abreast	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Spectators kept outside safety fence. Only people permitted inside to be participants and employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	No participants admitted within safety fence until previous session has finished and karts are stationary	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	No sessions to start until participants in previous session have gone outside safety fence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	In the event of an accident on the track , all other karts to be stopped immediately	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Individual drivers must be 10 years of age or older and 54" in height	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Verbal inquires shall be made of every patron as to their motor vehicle driving experience and/or go-kart driving experience. Any patron without motor vehicle experience or go-kart driving experience must notify the go-kart operator. The operator will monitor the inexperience patron while he/she performs on the track.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Describe precautions taken to avoid rear-ending at pit area at the end of the ride?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Attendants are in position so that they can observe and reach any section of the track in order to render assistance with how many seconds?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT: PHOTOS AND/OR VIDEO OF THE GO KART TRACK AREA MUST ACCOMPANY THE APPLICATION.



BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office? Yes No Is the operation financially sound? Yes No
If no, how long have you known the Applicant? _____ Did you receive the order direct from the Applicant? Yes No
Do you handle other insurance for the Applicant? Yes No Do you recommend this applicant in every respect? Yes No

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

DATE

SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

PRINT NAME OF BROKERAGE

PRINT NAME OF BROKER/PRODUCER

PRINT ADDRESS OF BROKERAGE

Broker Email Address: _____

APPLICANT'S SIGNATURE

PLEASE REVIEW CAREFULLY

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance on the above charges items of property, subject to the Statutory Conditions, Stipulations Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Date

Signature of Applicant

Position Held in Company