

Family Fun Centre Application

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 _____ to _____
(effective date) (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 <input type="checkbox"/> No <input type="checkbox"/>
Describe physical security (alarms / deadbolts / fencing / etc.)	

Do you host special events such as concerts or fireworks displays?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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	<input type="checkbox"/>	No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>
Are cages completely closed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are areas clearly marked for right or left handed batters?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are Home plates clearly marked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can participants alter settings on the pitching machines?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>
Coloured dye in water?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
Are seatbelts required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a deep fryer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there an automatic ansul system protecting cooking/frying surfaces?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hoods / ducts cleaned by contractor:		Monthly	<input type="checkbox"/>	
		Quarterly	<input type="checkbox"/>	

Golf Driving Ranges:

2.16

Number of Stalls:	_____			
Receipts:		\$	_____	
Number of Attendants:	_____			
Are Restricted Areas marked?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Restricted to one person per box?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
Maximum number of karts on track at one time?	_____			
Manufacturer:	_____			
Oldest Unit:	_____			
Are seatbelts required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please explain:	_____			
Are helmets required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Roll bars?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bumper Guards?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Describe Remote Control device for shut down:	_____			

Is double riding allowed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Padded steering wheel?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a Headrest support?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Type of track surface:	_____			
Racing allowed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you allow timed runs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>

Kiddie Rides:

2.18

Number of Units:	_____
Receipts:	_____ \$
Number of Attendants:	_____
Are all rides in full compliance with ASTM-24 Standards?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Schedule: (Indicate if coin operated)

Name	Manufacturer	Serial #	Coin Operated
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Minatare Golf:

2.19

Number of Holes:	_____		
Number of Courses:	_____		
Receipts:	\$ _____		
Number of Attendants:	_____		
Manufacturer:	_____		
Oldest Unit:	_____		
Are walkways marked and lighted?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
What is the surface of the walkways:	_____		
Number of course structures with moving parts:	_____		
Is access by public limited?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are lights covered and protected?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are ground fault interpreters in place?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

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	<input type="checkbox"/>	No <input type="checkbox"/>
Please explain:	_____		
Will each attraction be supervised by an attendant?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
How often are inspections done?	_____		
Is insured allowed to deviate from manufacturer's recommendations for assembly?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Are there any trampolines , jumping pillows, inflatables?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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	<input type="checkbox"/> No <input type="checkbox"/>
Instructional signage posed for each attraction?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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 Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
<hr/> <hr/> <hr/>				
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3.2 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please provide explanation.				
<hr/> <hr/> <hr/>				

3.3 Non-Owned Automobile

<p>a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, please give details:</p>				
<p>_____</p> <p>_____</p> <p>_____</p>				
<p>b) Does the Insured rent or lease vehicles from others?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, (i) How often per year? :</p>				
<p>(ii) Are any of these vehicles driven in the United States?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>_____</p> <p>_____</p> <p>_____</p>				
<p>c) Does the Insured contract services from others?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, please describe:</p>				
<p>_____</p> <p>_____</p> <p>_____</p>				
<p>d) Are vehicles used to transport anyone?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, how often and for what purpose?</p>				
<p>_____</p> <p>_____</p>				

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	\$
Other: _____	\$
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

Additional Information: