



AMUSEMENT PARKS & ATTRACTIONS
(Not to be used for Large Ride Operators or Carnivals)
(Also complete appropriate supplement)

PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

2. **Mailing Address:**

Website Address: _____

3. **Name of Park or Facility:** _____

Address:

4. **Operating Season:** _____

5. Describe Applicant's experience in this industry:

How long has this Applicant been in business? _____

Please provide a list of all attractions/facilities/activities in the park and indicate estimated receipts from each. Any sales of alcohol or food should be shown separately. Please also provide diagram or brochure of the premises, if available. (Use separate sheet if insufficient and complete attraction questionnaire, where applicable.):

6. Total Receipts from all operations: _____

Are any of above operated by concessionaries, independent vendors, trade booth exhibitors or is any work performed by sub-contractors? Yes No
If so, please provide details and advise applicable receipts.

Is proof of insurance obtained from all of above and also promoters of any special events? Yes No
If No, please explain:

If Yes, please advise what limits they are required to provide? _____

7. Do you hold or host special events such as concerts or fireworks displays? Yes No
If Yes, please describe:

Are there any events or attractions contemplated but not listed above?

8. Number of employees: _____ Estimated Total payroll: _____

Are all employees covered under WSIB?
If No, please list numbers by job description and estimated payroll:

Yes No

9. Describe work performed for Applicant by sub-contractors:

Is evidence of Liability Insurance obtained from all sub-contractors?
If No, please explain:

Yes No

If Yes, please advise what limits they are required to provide: _____

10. What is the approximate total capacity of park?

Average daily attendance: Off-Peak Periods _____ Peak Periods _____

Average annual attendance: _____

11. Does applicant provide any security services when open or closed?
If Yes, please describe:

Yes No

12. Are all persons serving alcoholic drinks required to undergo training in an appropriate server program?
If Yes, please describe:

Yes No

If No, please explain:

13. Do you provide babysitting or childcare services? Yes No
If Yes, please provide details:
-

Ratio of Attendants to Children: _____

14. Describe site property: Owned Leased
Single site? Yes No Spread around provinces? Yes No
Rough dimensions and acres/area: _____
Parking provided? Yes No
With attendants? Yes No
Maximum number of vehicles: _____
Is the area fenced in or otherwise enclosed? Yes No
Has there been a recent inspection of the premises? Yes No

15. Describe any water hazard including nature and size of operation in detail (i.e.: any lake, river, pool, waterslides, swimming/boating facilities, etc.) including length, depth and width:
-
-

Number of qualified lifeguards: _____

16. Are buildings or equipment leased to others? Yes No
If Yes, please describe:
-

17. Does Applicant assume the liability of others by contract? Yes No
If Yes, please describe on a separate sheet.

18. Is an in-house safety committee organized and in effect? Yes No
If Yes, please describe:
-

19. Please indicate the party responsible for maintenance of the premises and attractions, how often maintenance is required and when maintenance takes place:

Are written records of maintenance and/or inspections kept? Yes No

20. Is Applicant signing any Hold Harmless Agreements? Yes No
If Yes, with whom and assuming responsibility for what?

21. Do you contemplate any structural alterations, new construction or demolition? Yes No
If Yes, please fully describe on a separate sheet.

22. Number of vendors/trade booths: _____

23. Kinds of goods sold or displayed: _____

24. Is park in compliance with City, County and Township building safety and fire codes? Yes No
Explain:

25. Describe fire protection on site during operations:
Fire alarms and other warning systems:

Distance to nearest Fire Dept./Response Time: _____

Closest Fire Hydrant: _____ Number of Fire Extinguishers on Premises: _____

Date Last Inspected: _____ Emergency Lighting? Yes No

26. Are you aware of any other liability exposure?

27. Does applicant presently carry insurance? Yes No
 If Yes, who is the present insurer:

Premium: \$ _____ Limit: \$ _____

Is the present insurance Claims Made? Yes No
 If Yes, state retro date: _____

Are they willing to renew? Yes No
 If No, please explain:

Does the policy cover all operations of the Insured? Yes No
 If No, please describe:

28. Claims History

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? Yes No
 If yes, give details:

29. **Non-Owned Automobile**

Number of employees using their automobile on company business:

Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details):

30. **Accident Prevention and First Aid**

First Aid Post: Doctors: _____ Full Time _____ Part Time _____

 Nurses: _____ Full Time _____ Part Time _____

Number of Employees Certified in CPR: _____

Is there a security officer or are there loss prevention engineers employed: Yes No

Distance to Ambulance Service: _____ Response Time: _____

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 basis 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.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

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.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**



SUPPLEMENTARY/ATTRACTION QUESTIONNAIRE
(To be attached to and forming part of Amusement Park Application)
 (COMPLETE ONLY SECTIONS APPLICABLE)

ARCADES

No. of Units: _____ Receipts: _____ No. of Attendants: _____

Does the insured own or lease games? _____

Who provides service/maintenance on machines? _____

Type of Floor Covering? _____

Are all machines properly grounded? Yes No

BATTING CAGES

No. of Units: _____ Receipts: _____ No. of Attendants: _____

Manufacturer: _____ Oldest Unit: _____

Minimum Age: _____ No. of participants allowed 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

No. of Units: _____ Receipts: _____ No. of Attendants: _____

Manufacturer: _____ Oldest Unit: _____

Coin Operated or Rent? _____ Floor Surface? _____

Tournaments? Yes No

BUMPER BOATS

No. of Units: _____ Receipts: _____ No. 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? _____

No. of Attendants CPR Certified? _____ First Aid Certified: _____

Where are boats refueled? _____

BUMPER CARS

No. of Units: _____ Receipts: _____ No. of Attendants: _____

Manufacturer: _____ Oldest Unit: _____

Age/Height Requirements: _____ Are cars equipped with a dash pad & headrest pad? Yes No

Are Seat belts required?
If No, please explain:

Yes No

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

CONCESSIONS

No. of Stands: _____ Receipts: _____ Square Footage: _____

Are food operations handled by Insured or by 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

FIREWORKS

Description of Displays:

INDOOR (Including Types of Venue)	Est. No. of Displays	Duration (Mins.)		Average Cost	Maximum Cost	Avg. No. of Spectators	Max. No. of Spectators
		Avg.	Max.				

OUTDOOR (Including Types of Venue)	Est. No. of Displays	Duration (Mins.)		Average Cost	Maximum Cost	Avg. No. of Spectators	Max. No. of Spectators
		Avg.	Max.				

Please attach details of previous displays.

Please indicate minimum distance of spectators from fireworks.

For INDOOR: _____

For OUTDOOR: _____

Please describe safety precautions taken in each situation:

Are the fireworks or effects handled and set off by licensed or qualified individuals?

Are fireworks set off in strict compliance with industry standards?

Will Fire Department personnel be in attendance? Please provide details.

Is Fire Marshall approval sought?

Please attach photocopy of principal's license.
Please list:

NUMBER OF PYROTECHNICIANS	QUALIFICATIONS AND CLASS OF PYROTECHNICS AUTHORIZED FOR	NO. OF YEARS EXPERIENCE

TYPES OF PYROTECHNICS USED	MANUFACTURER	COUNTRY OF ORIGIN	EVIDENCE OF PRODUCT LIABILITY SUPPLIED

GO-KARTS (Please complete Pages 14 to 18)

GOLF DRIVING RANGES

No. of Stalls: _____ Receipts: _____ No. of Attendants: _____

Are Restricted Areas marked? Yes No Restricted to one person per box? Yes No

Describe partitions between tee boxes:

No. of Levels? _____ Other attractions exposed to range? _____

KIDDIE RIDES

No. of Units: _____ Receipts: _____ No. of Attendants: _____

Are all rides in full compliance with TSSA or other equivalent safety standards authority? Yes No
If No, please explain

Schedule: (indicate if coin-operated): _____

Name of Ride	Manufacturer	Serial Number

LAZER TAG

Size of Play Area: _____ Receipts: _____ No. of Attendants: _____

Type of Flooring: _____ Partition Walls used? _____ Are corners padded? _____

Is Emergency lighting available? _____ Is there skid proofing on all ramps? _____

Maximum No. of Players per Exercise: _____ Are players grouped according to Age & Size? _____

Do attendants mix age groups? _____ Is attendant in play area during exercise? _____

Length of exercise? _____ Are parents allowed to accompany their children? _____

Are Lasers attached to vests with tether when in use? _____ Is head protection available? _____

Are Lasers two handed? _____ Are guns padded? _____

Emergency exit available? _____ Exits visible and marked: _____

MINATURE GOLF

Total # of holes: _____ # of Courses: _____ Receipts: _____ # of Attendants: _____

Manufacturer: _____ Oldest Unit: _____

Are Walkways Marked and Lighted? _____

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

SOFT PLAY/BALL CRAWL

Manufacturer: _____ Age of Equipment: _____

How is equipment anchored? _____

Type of floor covering? _____ Number of employees supervising play area: _____

Is there a set ratio for attendants to children? Yes No

Please explain:

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 CARTS

IMPORTANT: Diagrams of track layout and photos of track area must accompany the application

Receipts: _____ No. of Attendants: _____ No. of Extinguishers/Type: _____

Minimum number of attendants when track is in operation: _____ Maximum number: _____

Where are attendants & extinguishers located? (Please attach diagram & mark placement). Age/Height Requirements for riders:

Describe Remote control device for shut down: _____

Amount of Gas on Premises: _____ How Stored: _____

TRACK

- 1. **Surface:** Asphalt or concrete Yes No
- 2. **Inclination:** Flat, no grades, no banking on corners Yes No
- 3. **Width:** Between 18 and 30 feet Yes No
- 4. **Length:** What is the total length of your track? _____ ft. Yes No
- 5. **Straightway:** 300 feet long or less Yes No
- 6. **Side:** No ditches along side track Yes 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. Yes No

Maximum height of piled tires anywhere is three tires.
DESCRIBE ANY BARRIERS ON TRACK

-
- 8. **Markings:** White continuous line painted along inner and outside of track with broken line in center. Yes 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. Yes 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. Yes 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 kit with sufficient quantities of bandages, etc. to be kept for use in time of emergency. Yes No

TRACK (Cont'd)

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 be readable at least 30 ft. away.) Yes 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. Yes No
14. **Helmets:** Are all participants required to wear safety Helmet? C.S.A.? Yes No
Seatbelts: Required to be used? Yes 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? Yes No
16. **Land:** Does Applicant own land?
 If not print name and address of lessor: Yes No
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17. **Use:** Are individually owned karts forbidden to run on the same course at the same time as rental karts? Yes No
18. **Rentals:** Track is used only for rental concession by Insured. Yes No
19. **Agreements:** Are there any written rules and regulations regarding riders, employees as well as any hold harmless agreements?
 If Yes, provide copy. Yes No
20. **Employees:** Do employees wear clearly identifiable clothing? Yes No
 Are attendants trained with Red Cross, CPR Life-Saving Techniques? Yes No
 Safe Procedure Education Program for Employees?
 (Please attach details) Yes No

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

EQUIPMENT

1. All Karts made by a recognized manufacturer? Yes No

Name	Model	Year of Kart
Oldest Unit		

EQUIPMENT (Cont'd)

- 2. All chains and sprockets guarded? Yes No
- 3. Brakes fitted to all karts and brakes and steering system is maintained in good condition at all times? Yes No
- 4. Speed limit governed to MAXIMUM of 26 MPH? Yes No
- 5. Do you allow double riding?
Do you have side by side double seater karts?
How many? Yes No
- 6. Number of Karts owned: _____ Yes No
- 7. Maximum number of karts on track at one time: _____ Yes No
- 8. Padded steering wheel? Yes No
- 9. Governor? Yes No
- 10. Seat Belts? Yes No
Headrest supports? Yes No
- 11. Roll Bars? Yes No
- 12. Bumpers all around? Yes No
- 13. Ignition cut-off switch? Yes No
- 14. Belt guard cover? Yes No
- 15. Tank caps fit securely? Yes No
- 16. Exhaust carries away from driver? Yes No
- 17. Remote shut-off system? Yes No
- 18. List Maintenance procedure for all karts: Yes No
Daily: _____
Weekly: _____

PROCEDURES

- 1. Starting of driving sessions to be in line ahead, not in line abreast. Yes No
- 2. Spectators kept outside safety fence. Only people permitted inside to be participants and employees Yes No
- 3. No participants admitted within safety fence until previous session has finished and karts are stationary Yes No
- 4. No sessions to start until participants in previous session have gone outside safety fence. Yes No
- 5. In the event of an accident on the track, all other karts to be stopped immediately. Yes No
- 6. Individual drivers must be 10 years of age or older and 54" in height

PROCEDURES (Cont'd)

7. Verbal inquiries 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 inexperienced patron while he/she performs on the track. Yes No

8. Describe precautions taken to avoid rear ending at pit area at the end of the ride.

9. Attendants are in position so that they can observe and reach any section of the track in order to render assistance within how many seconds? Yes No