

OUTDOOR AMUSEMENT CENTER APPLICATION FORM

Date: _____ Broker: _____

Name Insured (as it is to appear on the policy): _____

Doing business as: _____

Mailing Address: _____

Physical Address: _____

City: _____ Prov: _____ P/C: _____

Phone: _____ Fax: _____

Website Address _____

Insured is: Corporation Partnership Individual Joint Venture Other

Owner/President _____

Other Offices: _____

Years in Business: _____

Proposed Effective Dates: _____ Expiration: _____

Operating Season: _____ To: _____

Interest in Premises: _____ % Occupied: _____ Stories: _____

Other Occupancies: _____

Do you have a diagram or brochure of the premises? Yes No (please attach)

Do you have formal operations/training guide? Yes No (please attach)

Are Alcoholic Beverages sold? Yes No

Trade Associations which Insured Belongs to: _____

Prior Insurance Carrier: _____

Has Insurance ever been: Cancelled Declined Non Renewed

GL EXPOSURE INFORMATION

Coverage	Limits Desired	Deductible
General Liability	_____	_____
Tenants Fire Legal Liability	_____	_____

CLAIMS/LOSS EXPERIENCE (last 5 years)

Attach Additional information if necessary

Additional Insureds/Address: _____

Franchiser: _____

Lessor: _____

Other: _____

ADDITIONAL INFORMATION

Total Gross Receipts: _____ # Annual Admissions: _____

Hours of Operation: _____ Park Capacity: _____

Describe Parking Facilities and Lighting: _____

Describe Security (armed/unarmed): _____

Is Security present during open hours? Yes No Closed hours? Yes No

Employees or Subcontracted out employees? (list subcontractor): _____

(attach certificate)

Do you provide Baby-sitting/Day Care? Yes No Child to Attendant Ratio: _____

Please explain service: _____

Describe First Aid Facilities: _____

Number of employees certified in CPR: _____

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

Distance to Fire Department/Response Time: _____

Closest Fire Hydrant: _____ Feet Number of Extinguishers on premises: _____

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

Distance to Ambulance/Response Time: _____

Emergency Lighting: Yes No

Physical Security (alarms/deadbolts/fencing, etc.): _____

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

(if yes, please fill out Special Events Supplemental application & attach)

Are there any trampolines on site? _____

If so what type of trampolines are they (in ground or above ground)? _____

What supervision is in place for the trampoline area? _____

Is there an inflatable jumping pillow on site: Yes No

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? _____

ATTRACTION INFORMATION

Arcades

of Units: _____ Receipts: \$ _____ # 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

of Units _____ Receipts: \$ _____ # of Attendants _____

Manufacturer: _____ Oldest Unit: _____

Minimum Age: _____ # 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 of 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? _____

Bowling Alley

Total # of Drop-in Bowlers: _____ Total # of League Bowlers: _____

Food Sales: \$ _____ Liquor Sales: \$ _____ Rentals: \$ _____

Do they run special events: (ie: birthday parties, cosmic bowling, fundraiser)

If yes, please provide details including total # per year: _____

Total # of Lanes: _____

Type of Lane Finish used? _____ Laquer _____ Water Based _____

Is food or drink allowed in bowling area? Yes No

Is there food preparation? _____ Is there deep frying? _____

Bumper Boats

of Units _____ Receipts: \$ _____ # 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? _____

Number of Attendants CPR Certified? _____ First Aid Certified _____

Where are boats refueled? _____

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 seat belts required Yes No If no, please explain _____

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

Concessions

of Stands _____ Receipts: \$ _____ Square footage _____

Are food operations handle by Insured of 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

of Stalls _____ Receipts: \$ _____ # of Attendants _____

Are Restricted Areas marked? Yes No

Restricted to one person per box? Yes No

Describe partitions between tee boxes: _____

Levels: _____ Other attractions exposed to range? _____

Lazer Tag

Size of play area: _____ Emergency Exit Available: _____

Exits visible and marked? _____

Type of Flooring: _____ Partition walls used? _____

Are corners padded? _____

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

Maximum Number of Players per Exercise: _____

Are players grouped according to Age & Size? Yes No

Do attendants mix age groups? Yes No

Is attendant in play area during exercise? Yes No

Length of exercise: _____

Are parents allowed to accompany their children? Yes No

Are Lazer attached to vests with tether when in use? Yes No

Is head protection available? Yes No

Are Lasers two handed? Yes No

Are guns padded? Yes No

Total Number of participants per year _____

Are waivers signed by all participants? Yes No

Miniature Golf

Total # of Holes: _____ # of Courses: _____ Receipts: \$ _____

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

Go Karts

of Single Karts: _____ # of Double Karts: _____ # of Tracks: _____ Receipts: \$ _____

of Attendants: _____ # of Extinguishers/Type: _____

Where are the attendants & extinguishers located? Please attach diagram and mark placement.

Age/height requirements: _____

Maximum speed of karts: _____ Are governors installed: _____

Maximum number of karts on track at one time: _____

Manufacturer: _____

Oldest Unit: _____

Are seat belts required: _____ if no, please explain: _____

Are helmets required: _____ Roll bars: _____ Bumper guards: _____

Are helmets checked by attendants: _____

Describe remote control device for shut down: _____

Amount of gas on premises: _____

How is it stored: _____

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

Type of track surface: _____ Length of Track: _____

Describe guardrail protection: _____

Is double riding allowed: _____ Padded Steering Wheel: _____

Is there a headrest support: _____

Are waivers signed by all participants? _____

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.

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.

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.

Dated

Signed (applicant)