



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

4. How often is maintenance of the grounds and equipment inspection performed:

Provide details:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 5. Are service records kept on all equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are fire extinguishers with current service tags readily accessible in all areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have all appropriate and required state and local licenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is adequate lighting provided on night outdoor activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has business been in operation for less than 6 months?
If yes, provide prior management experience: | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Frequency maintenance is performed:
By whom: | | |

COMPLETE ONLY THE SECTIONS THAT APPLY.

- | Batting Cages | Yes | No |
|---|--------------------------|--------------------------|
| 1. Types of pitching machines you have: <input type="checkbox"/> Wheel-type <input type="checkbox"/> Mechanical Arm <input type="checkbox"/> Both | | |
| 2. Are all cages enclosed with netting?
If netting is flexible, is there a line clearly drawn indicating how far spectators must stay back? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are rules posted stating: | | |
| a. No more than one person in the batting cage at one time? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Shoes and helmets must be worn at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Running and roughhousing prohibited? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. No swinging bats outside the cages or warm-up area is allowed? | <input type="checkbox"/> | <input type="checkbox"/> |

- | Bumper Boats | Yes | No |
|---|--------------------------|--------------------------|
| 1. Indicate number and type of bumper boats: Electric: _____ Gas: _____ | | |
| 2. Do all gas bumper boats have exhaust guards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are children under 8 years of age accompanied by an adult? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the maximum depth of the pool or pond greater than 3 feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does a fence entirely surround the pond or pool? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there any artificially generated waves in the pond or pool? | <input type="checkbox"/> | <input type="checkbox"/> |

- | Climbing Walls | Yes | No |
|---|--------------------------|--------------------------|
| 1. Maximum height of the climbing wall: _____ Width: _____
Year constructed: _____
The climbing wall is: <input type="checkbox"/> Permanent <input type="checkbox"/> Portable | | |
| 2. Maximum climbing height permissible for children 12 years and under: | | |
| 3. Are all instructors appropriately trained in climbing techniques and safety rules? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are protective mats at the base of the climbing wall?
Explain materials used: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all participants required to wear safety harnesses and helmets? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do all participants sign waivers before being able to enter the facilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is a daily inspection of the wall and safety equipment performed and results documented?
Inspections conducted by: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are safety rules posted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there a full-time staff member positioned to have a clear view of the climbing wall and all participants at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is a full-time, first aid or CPR certified staff member present at all times? | <input type="checkbox"/> | <input type="checkbox"/> |

- | Driving Ranges | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are all tee lines clearly marked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are signs posted that ball retrieval is prohibited? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If the driving range is next to a roadway, are there perimeter nets? | <input type="checkbox"/> | <input type="checkbox"/> |

Go-Kart Tracks

Schedule of Go-Karts - Attach separate page if needed.

Year	Make	Number of Go-Karts

1. Maximum speed go-karts are capable or to which they are governed: _____ MPH
2. Describe type of track (Dirt, Bitumen, etc.) and provide a diagram of the track:

3. Do all go-karts have:

	Yes	No
a. 3 or 4 point seat belt harnesses?	<input type="checkbox"/>	<input type="checkbox"/>
b. Roll bars?	<input type="checkbox"/>	<input type="checkbox"/>
c. Passenger padding on steering wheel rim and hub, headrest and steering wheel support post?	<input type="checkbox"/>	<input type="checkbox"/>
d. Protective cover for moving or heated components of the engine and drive-train?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are helmets available at all times? Yes No
5. Is the track area fenced to allow access only to riders and track personnel? Yes No
6. Are signs posted with the following instructions:

a. No bumping?	<input type="checkbox"/>	<input type="checkbox"/>
b. No in-line riding?	<input type="checkbox"/>	<input type="checkbox"/>
c. No smoking?	<input type="checkbox"/>	<input type="checkbox"/>
d. Remain seated at all times?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are go-karts equipped with operating remote control devices? Yes No
8. Indicate materials used as a barrier system around the track? (e.g. hay, tires):

9. Are drivers 13 years and under allowed to drive unaccompanied by an adult? Yes No
10. Are drivers required to be at least 54" tall to drive a standard cart? Yes No
11. Does the go-kart track cross over itself at any time? Yes No
12. Are daily vehicle maintenance records kept on all carts? Yes No
13. Is track monitored for overcrowding and inappropriate behavior?
Explain: _____ Yes No
14. Are fire extinguishers with current service tags readily available? Yes No

Miniature Golf

Are all changes in elevation, including steps, clearly marked? Yes No

Petting Zoos

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are all participants provided with facilities to wash and sanitize their hands before and after petting the animals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are children allowed to handle the animals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the animal waste cleaned up regularly?
How often: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any exotic animals?
If yes, list all exotic animals: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there any off premises exposure?
If yes, describe in detail: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Pony Rides

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are ponies tethered to a sweep? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there at least 5 feet maintained between the ponies on the sweep? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there a fence that surrounds the ponies, and is at least 5 feet from the ponies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the operator had at least 2 years experience operating a pony sweep? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you give any hand led pony rides? | <input type="checkbox"/> | <input type="checkbox"/> |
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FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
