Surplus Insurance Brokers Agency Inc.

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Fax 800-578-7758 • www.surplusins.com
Email quotes: submit@surplusins.com
P O Box 749, South Bend IN 46624-0749

Commercial Information Section

М		ADDRESS:			AGENCY: AGENT NAM ADDRESS:	1E:		
PF	ROPOSE	ED EFFECTIVE / EXF	EMAIL: PHONE:					
	From: To:							
		:01 A.M., Standard Time						
	PLE	EASE ANSWER	ALL QUESTIC	NS—IF THEY [OO NOT APPLY	, INDICATE	"NOT APPL	ICABLE."
	-	t is: θ Individual					ther (Specify)	:
Pre	emises	information:						
oc #	BLD #	Stı	reet, City, Co	unty, State, Zip	Code City Limits			Interest
							Inside	Owner
							Outside	Tenant
							Inside	Owner
							Outside	Tenant
							Outside Inside	Tenant Owner
							Inside Outside	Owner Tenant
Pre	evious	carrier and loss	information	(last five years):		o Checl	Inside Outside	Owner
Pre		carrier and loss	Policy #	(last five years):	Date of Loss	o Checl Losses Pair Reserved	Outside (if no losses	Owner Tenant
						Losses Pai	Outside (if no losses	Owner Tenant last five years.
						Losses Pai	Outside (if no losses	Owner Tenant last five years.
						Losses Pai	Outside (if no losses	Owner Tenant last five years.
						Losses Pai	Outside (if no losses	Owner Tenant last five years.
Yea	r er insura		Policy #	Premium	Date of Loss	Losses Paid Reserved	Outside C if no losses De	Owner Tenant last five years.

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

COMMERICAL LIABILITY SECTION

LIMITS										
GENERAL AGGREGATE			\$		EMPLO	EMPLOYEE BENEFITS LIABILITY				
PRODUCTS & COMPLETED OPERATIONS AGGREGATE				\$			DEDUCTIBLE PER CLAIM:		\$	
PERSONAL	& Advertising I	NJURY		\$ \$			RETROACT	IVE DATE:		
EACH OCC	JRRENCE						NUMBER O	F EMPLOYEES:		
DAMAGE TO	RENTED PREMI	SES	(EACH OCCURRENCE)	\$						
MEDICAL E	XPENSE		(ANY ONE PERSON)	\$						
6. Does a	pplicant subcor	ntract v	work?						🗌 Yes	☐ No
									_	
			terials) of subcontrac							
Are Ce	rtificates of Insu	ırance	required from all sub	ocontractors?					🗌 Yes	□ No
7. Descript	ion of Exposu	res:								
Location #	CLASSIFICATI	ON	CLASS CODE	PR	EMIUM	Basis		Expos	URE	
RATING AND PRE	MIUM BASIS 5 – PER \$1,000 / SALES	3	(P) PAYROLL – PER \$1,000 (A) AREA – PER 1,000 / SQ		erical)	• •	ST – PER \$1,0 NS – PER 1,00		(U) UNIT – PER UI (T) OTHER	TIV
•				11		(IVI) ADIVIISSIO	N3 - FER 1,00	JO / ADIVI	(I) OTHER	
ADDITIONAL IN Interest	ITEREST / CERTIFIO		ECIPIENT AND ADDRESS			CERTIFICATE REQUIR	FD	INTEREST IN ITEM N	LIMBER	
ADDITIONA	L INSURED							LOCATION:	BUILDING:	
WHAT IS THE REL	ATIONSHIP D & ADDITIONAL INSU	RED?								
Interest			AND ADDRESS			CERTIFICATE REQUIR	ED	INTEREST IN ITEM N	UMBER	
ADDITIONA	L INSURED				1			LOCATION:	BUILDING:	
WHAT IS THE REL	ATIONSHIP TD & ADDITIONAL INSU	RED?						ı		

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AMUSEMENT CENTERS APPLICATION SUPPLEMENT

1.	Proposed First Named Ins	ured & Other Name	d Insure	d(s):					
2.	Mailing Address Str	eet	City		County		State	Z	ZIP Code
3.	Location Address Str	eet	City		County		State		ZIP Code
4.	Audit/Inspection Contact:	Name:							
	Phone Number:								
5.	Website Address:								
6.	Policy Period Desired: From: To:								
7	Years in Business:				Years	Experience:			
8.	Type of Entity: Individ	ual	ship	Co	orporation	☐ Joint Vent	ture	;	
PREV	IOUS INSURER & LOSS	HISTORY – Attach	separa	te sh	eet if necess	ary	See Loss Ru	ıns At	tached
Has ir	uri Applicants: DO NOT and insurance of this type been on the second Yes - If Yes, give nate of the second Yes - If Yes, give nate of the second Yes - If Yes, give nate of the second Yes - If Yes, give nate of the second Yes - If Yes, give nate of the second Yes - If Yes	cancelled, refused,	or nonre			npany during	the past 3 yea	ırs?	
	te all claims or losses (regast 3 years:	ardless of fault and	whether	or no	,		that may give	rise to	claims for
Year	Carrier	Policy Number	Premi	um	Losses Paid	Losses Reserved	d Description of Loss		
	NESS INFORMATION								
	te operations and provide		ceipts fr	i	•	1:	•		
=	cade Machines	\$			Log Rolls		\$		
	tting Cages mper Boats	\$ \$		☐ Mechanical Rides \$ ☐ Miniature Golf \$					
	mper Cars	 \$		$\vdash = -$			<u>\$</u>		
	mbing Walls	Φ \$			Petting Zoos Pony Rides <i>(‡</i>	t of Ponice):			
	in-Operated Kiddie Rides	<u> </u>			Refreshment		\$ \$		
	iving Ranges	\$ \$			Trampolines	Otariu	 \$		
	ink Tanks	\$			Waterslides		 \$		
	o-Kart Tracks	\$			Other:		\$		
		\$			<u> </u>		Ψ		
1. 2. 3.	Yes No 1. Do you operate any mechanical amusement rides other than those listed above? If yes, explain: 2. Is an attendant, who is at least 25 years old, on the premises at all times during operating hours?								
	If yes, has your license eve	er been revoked or s	suspend	ed?				\sqcup	

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4.	How often is maintenance of the grounds and equipment inspection performed:		
	Provide details:		
		Yes	No
5.	Are service records kept on all equipment?		
6.	Are fire extinguishers with current service tags readily accessible in all areas?		
7.	Do you have all appropriate and required state and local licenses?		
8.	Is adequate lighting provided on night outdoor activities?		
9.	Has business been in operation for less than 6 months?		
	If yes, provide prior management experience:		
10.	Frequency maintenance is performed:		
	By whom:		
	COMPLETE ONLY THE SECTIONS THAT APPLY.		
Batt	ing Cages	Yes	No
1.	Types of pitching machines you have: Wheel-type Mechanical Arm 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?		H
3.	Are rules posted stating:		
0.	a. No more than one person in the batting cage at one time?		
	b. Shoes and helmets must be worn at all times?		
	c. Running and roughhousing prohibited?		
	d. No swinging bats outside the cages or warm-up area is allowed?		
Run	nper Boats	Yes	No
1.	Indicate number and type of bumper boats: Electric: Gas:	163	140
2.	Do all gas bumper boats have exhaust guards?		
2. 3.	Are children under 8 years of age accompanied by an adult?		
3. 4.	Is the maximum depth of the pool or pond greater than 3 feet?		
5.	Does a fence entirely surround the pond or pool?		
6.	Are there any artificially generated waves in the pond or pool?		No.
	hbing Walls	Yes	No
1.	Maximum height of the climbing wall: Width:		
	Year constructed:		
	The climbing wall is: Permanent Portable		
2.	Maximum climbing height permissible for children 12 years and under:		
3.	Are all instructors appropriately trained in climbing techniques and safety rules?		
4.	Are protective mats at the base of the climbing wall?		
,	Explain materials used:		_
5.	Are all participants required to wear safety harnesses and helmets?		
6.	Do all participants sign waivers before being able to enter the facilities?	Ш	
7.	Is a daily inspection of the wall and safety equipment performed and results documented?		
	Inspections conducted by:		
8.	Are safety rules posted?		
9.	Is there a full-time staff member positioned to have a clear view of the climbing wall and all		
	participants at all times?		
10.	Is a full-time, first aid or CPR certified staff member present at all times?		
Driv	ing Ranges	Yes	No
1.	Are all tee lines clearly marked?		
2.	Are signs posted that ball retrieval is prohibited?		
3.	If the driving range is next to a roadway, are there perimeter nets?		

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Go-Kart Tracks									
		f Go-Karts - Attach separate page if needed.							
Y	ear	Make	Numbe	r of G	o-Karts				
1.	Mayir	I num 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:								
	D0001	ibo typo of track (Birt, Bitamon, etc.) and provide a diagram of the track.							
3.	Do all	go-karts have:		Yes	No				
		or 4 point seat belt harnesses?							
		oll bars?							
	c. P	assenger padding on steering wheel rim and hub, headrest and steering wheel supp	ort post?						
	d. P	rotective cover for moving or heated components of the engine and drive-train?							
4.	Are h	elmets available at all times?							
5.	Is the	track area fenced to allow access only to riders and track personnel?							
6.		gns posted with the following instructions:		_					
		o bumping?							
		o in-line riding?							
		o smoking?							
7		emain seated at all times?							
7. 8.	_	o-karts equipped with operating remote control devices?		Ш					
0.	muica	ate materials used as a barrier system around the track? (e.g. hay, tires):							
9.	Are d	rivers 13 years and under allowed to drive unaccompanied by an adult?							
10.	Are d	rivers required to be at least 54" tall to drive a standard cart?							
11.	Does	the go-kart track cross over itself at any time?							
12.	Are d	aily vehicle maintenance records kept on all carts?							
13.	Is trac	ck monitored for overcrowding and inappropriate behavior?							
	Expla	in:							
14.	Are fi	re extinguishers with current service tags readily available?							
Mini	ature (Golf							
Are a	all char	nges in elevation, including steps, clearly marked? Yes No							
Pett	ing Zo	os	,	Yes	No				
1.	Are a	Il participants provided with facilities to wash and sanitize their hands before and after	er petting	_					
	the ar	nimals?							
2.	Are c	hildren allowed to handle the animals?							
3.	Is the	animal waste cleaned up regularly?							
-	How	often:		_					
4.		nere any exotic animals?							
		, list all exotic animals:		_					
5.		re any off premises exposure?							
	If yes	, describe in detail:							

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Pon	Yes No						
1.	1. Are ponies tethered to a sweep?						
2.	Is there at least 5 feet maintained between the ponies						
3.	Is there a fence that surrounds the ponies, and is at least 5 feet from the ponies?						
4.	Has the operator had at least 2 years experience operating a pony sweep?						
5.	Do you give any hand led pony rides?						
FRA	UD STATEMENTS						
	RIDA: Any person who knowingly and with intent to injunapplication containing any false, incomplete, or mislea						
com	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.						
Refe	er to the Core Application for all Fraud Statements.						
IMP	ORTANT NOTICE						
DEC	CLARATION						
I DE	CLARE THAT THE STATEMENTS MADE IN THIS APF	PLICATION ARE COMPLETE ANI	O 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							
Applio	Applicant Signature Title Date						
Produ	Date						
Produ	Producer Name and Address						

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