



Amusement Business Application
General Liability and Inland Marine

Named Insured: _____

DBA's _____

Loss Control Contact Name: _____

Phone: _____ Website Address: _____

Fax: _____ Email Address: _____

Physical Address (Street, City, County, State, Zip) _____

(Must be a street address)

Mailing Address (Street, City, County, State, Zip) _____

if different than Physical Address

Do you operate out of any other locations? [] Yes [] No

1 _____

2 _____

3 _____

Type of Entity (Corporation, Individual, Partnership, Joint Venture, LLC) _____

FEIN / Social Security Number: _____

Date business started under current ownership: _____

If less than 5 years, please respond to the following questions:

a. Have you worked elsewhere in a similar business? [] Yes [] No If Yes, how many years? _____

b. Does your staff have prior experience? [] Yes [] No If Yes, how many years? _____

Please explain any "Yes" answers: _____

POLICY EFFECTIVE DATE: _____ Prior Coverage: [] Yes [] No

Any policy or coverage declined, cancelled or non-renewed during the prior 3 years : [] Yes [] No

If yes, reason: _____

PRESENT COVERAGE

	General Liability
Name of Carrier	
Limits of Liability	
Deductible	
<i>Policy Term</i>	
Premium	

Premium Prior 3 Years:	Year 1	
	Year 2	
	Year 3	

CLAIM HISTORY

3-5 YEAR CURRENT LOSS HISTORY – REQUIRED TO OBTAIN VALID QUOTE

Have you had any Claims in the past 5 years? Yes No If Yes, please explain.

GENERAL INFORMATION

Place an “X” next to the description which best describes the nature of your operation.

<input type="checkbox"/>	Rental Operations - Business which primarily rents amusement devices and related equipment
<input type="checkbox"/>	Indoor Inflatable Fun Facilities
<input type="checkbox"/>	Party Rental Stores – Primarily Rents Tables and Chairs with some amusement devices and related equipment.
<input type="checkbox"/>	Do you operate any other businesses? If so, please describe:
<input type="checkbox"/>	Other, please describe:

DEDUCTIBLE: (\$1,000, \$2,500;
\$5,000) \$

Equipment Schedule (Amusement Devices, Tables, Tents, Chairs, Carnival Games, Food & Beverage Equipment, etc.)

Manufacturer	Description	Serial Number	Replacement Value Required for Inland Marine Coverage (Cost to Replace New)	Age
		TOTAL VALUES:	\$	

REVENUE BREAKDOWN

1.	Miscellaneous Rentals and Supplies – Rents Mobile Game Shows, Carnival Type Game Booths, Cash Cubes, Video Games, Pin Ball Machines, Skee or Skeet Ball, Putting Challenge, Foosball, Air Hockey, Pop A Shot, Football Challenge, Pool Tables, Spin Art Pictures, Oriental Name Writing, Rice Art Jewelry, Candle Art, Sand Art, Candy Art, Wax Hands, DJ Equipment, Sound Equipment, Video Equipment, Photo Booths, Disco Ball, Old Time Photos, Table & Yard Bowling, Simulators without motion, Hi-Striker, Batting Cage Game with Tee, Advertising Signs	\$
2.	Simple Mechanicals – Rents Trikes, small and large mechanical devices, Bumper Boats and Cars, Trackless Trains	\$
3.	Interactive Inflatables – Rents air filled amusements and devices such as Slides, Bounce Houses, Combo Bounce Houses with Slides, Obstacle Courses	\$
4.	Interactive Devices – Rents devices where there is direct interaction between participants such as Paint Ball, Dunk Tanks, Mini Golf Driving Ranges, Putting Greens, and other devices such as Boxing Games, Lazer Tag, Hay Rides, Simulators with Motion, Velcro Wall, Hay Rides	\$
5.	Physical Activity Devices Euro Bouncers/Bungee, Rock Walls with Auto Belay, Jousts, Jacobs Ladder, Bungee Runs	\$
6.	Physical Activity Devices II – Rock Walls without Auto Belay Systems, Electric Bulls, Go Carts, Haunted Attractions, Batting Cage with Pitching Machine	\$
7.	Physical Activity Devices III – Orbitrons with motors (only) Sumo Suit (and similar – Air Bots, etc.),	
8.	Entertainment Services – Clowns, Costumed Characters, DJ (disc jockey), Magicians, etc. a. Are they <input type="checkbox"/> Subcontracted or <input type="checkbox"/> Employees?*	\$
	b. Are background checks done? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. If subcontracted, do you get copies of their certificates with limits equal to yours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Food and Beverage Products and Rentals – Rents the machine and sells the supplies for Hot Dog Cookers, Nacho Machines, Popcorn Machines, Snow Cone Machines, Frozen Drink Machines, Chocolate Fountains, Warm Pretzel Machines, Cotton Candy Machines, Ice Cream Sundae Bar	\$
10.	Tables, Tents, Chairs	\$
11.	Restaurants, Snack Bars	\$
12.	Catering	\$
13.	Party Planning	\$
14.	Other – Please Describe	\$
15.	Subcontracted Devices, please describe <input type="checkbox"/> Yes <input type="checkbox"/> No* 1. If yes, please provide revenue 2. If subcontracted, do you get copies of their certificates with limits equal to yours? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
16.	Hydraulic Bull , Orbitron without motor, Zorb balls, Water Balls, Hamster Balls	\$
	TOTAL REVENUES	\$

***If there are any subcontracted services or devices, provide copy of all subcontractor agreements and certificates of insurance naming applicant as an Additional Insured with limits equal to, or greater than, the applicant's limits. MUST SUBMIT WITH APPLICATION TO BE ELIGIBLE FOR ANY CREDITS.**

Inflatable Slide Supplement:

1. Please classify your slides in the following categories (number of each)
 - a. Combo Slides with Bouncer: Total: _____
 - b. Small Slides 15' and under: Total: _____
 - c. Medium Slides over 15' to 22': Total: _____
 - d. Large Slides over 22' to 26': Total: _____
 - e. Giant Slides over 26': Total: _____

Obstacle Course Supplement:

1. Please classify your Obstacle Courses providing Length / Width / Height and number of each.
 - f. Small: H_____ x W_____ x L_____ Total: _____
 - g. Medium: H_____ x W_____ x L_____ Total: _____
 - h. Large: H_____ x W_____ x L_____ Total: _____

RISK ASSESSMENT - Provide details to any "Yes" answers

1. Do you have an employee safety program?
 - 1a. Do they sign documentation after said program?
2. Do you provide written operating instructions for scheduled equipment?
3. Do you utilize an inspection sheet for inflatable and mechanical amusement rides?
4. Is there a formal ride/equipment maintenance program including maintenance logs? (please provide documentation)
5. Is equipment stored inside?
6. Is your yard secured? (Describe): _____

7. Do you have any formal safety training such as SIOTO, ROAR, AIMS, Red Cross, NAARSO, IALEI, or Commonwealth of PA?
If yes, please provide copy of certificate.

Yes	No

RISK MANAGEMENT - Provide details to any "Yes" answers

1. Is there a written rental agreement between you and your client? (please provide copy)
2. Percentage of time your rental agreement was used without alteration _____ %
3. Percentage of time a customer provided contract is used: _____ %
 Percentage of customers you do business with:
 Individuals _____ % Corporations and Schools _____ % Governmental _____ %
4. Total number of staff during the year: _____
 Number of Full-time Employees: _____
 Number of Part-time Employees: _____
 Number of Seasonal Employees: _____

Yes	No

QUESTIONS REGARDING EQUIPMENT RENTAL

Yes	No
	%

1. Do you rent any of your amusement devices/rides without operators/attendants?
If yes, what percentage is without operators? _____ %
2. Do you have a customer training program?
Do they sign documentation after said program?
3. Do the amusement devices/rides have signs clearly marking age, height, or size limitations?
4. Is any equipment left over night at the site where it was used?
5. Do you use the manufacturer’s checklist for the set up and use of the equipment?
6. Do you utilize the Watchdog™ Siren Warning Device?
What percentages of your inflatable rentals use a Watchdog™ Siren Warning device?

ROCKWALL SUPPLEMENT

1. Is the Rockwall supervised by a trained operator at all times? _____
2. Is the tool loop cut off from the safety harness? _____
3. When the Rockwall is not in use, how and where do you store it? _____
4. How often are the cables replaced? _____
5. Is the Rockwall manual or auto belay? _____

INDOOR FUN FACILITY

1. How many rooms? _____
Total square footage? _____
2. Is it in a strip mall or other building? Yes No
If yes, other occupancies: Yes No
3. Any drop offs? Yes No
Must parents stay with child? Yes No
4. Hours of operation?
Monday – Friday: _____
Saturday: _____
Sunday: _____
5. Is an attendant always there? Yes No
6. Do you have:
Day Care Yes No
After School Program Yes No
Camps Yes No
Trips Off Site Yes No
Party Rooms Yes No
Customers bring own food and beverage Yes No
Customers bring alcohol Yes No
Liquor License Yes No
Alcohol served Yes No

MECHANICAL BULL SUPPLEMENT

- 1 Is Mechanical Bull hydraulic drive or electric? _____
- 2 Is Mechanical Bull located at a fixed site or mobile? _____
- 3 List venues where Mechanical Bull will be operated.

<input type="checkbox"/> Bars or Taverns	<input type="checkbox"/> Private Parties	<input type="checkbox"/> Rodeos
<input type="checkbox"/> Carnivals or Fairs	<input type="checkbox"/> Competitions	<input type="checkbox"/> Other (describe)

INLAND MARINE: (Coverage for damage to or loss of equipment)

Would you like a quote for Inland Marine Coverage? Yes No If yes, please complete the following:

1. Is equipment stored inside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are buildings occupied or vacant?	<input type="checkbox"/> Occupied	<input type="checkbox"/> Vacant
3. Any water damage to equipment in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain.		
4. Any wind damages to equipment in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain.		
5. Construction of building	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick <input type="checkbox"/> Masonry
6. Smoke Alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Central Alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Fire extinguishers on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. How is equipment transported?		
You deliver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Customers pick up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By common carriers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Do you keep original receipts of equipments purchased?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you require the renters to sign a contract to indemnify you _____ for damages to rental equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Deductible: _____ (\$500, \$1,000, \$2,500)

Total Replacement Cost Value of all equipment _____ or Actual Cost Value _____

PRESENT COVERAGE

	Inland Marine
Name of Carrier	
Limits of Liability	
Deductible	
Policy Term	
Premium	

FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO COLORADO APPLICANTS: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES DENIAL OF INSURANCE, AND CIVIL DAMAGES, ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

NOTICE TO DISTRICT OF COLUMBIA APPLICATIONS: “WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

NOTICE TO FLORIDA APPLICANTS: “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 IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.”

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO MAINE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

NOTICE TO MINNESOTA APPLICANTS: “A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “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, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO OKLAHOMA APPLICANTS: “WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY” (365:15-1-1036 3613.1)

NOTICE TO PENNSYLVANIA APPLICANTS: “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.”

NOTICE TO VIRGINIA APPLICANTS: “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.”

SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE ANY INSURANCE, NOR DOES IT IN ANY WAY SIGNIFY ANY ACCEPTANCE OF ANY COVERAGE ON THE PART OF THE COMPANY. THE APPLICANT IS HEREBY APPLYING TO THE COMPANY FOR A POLICY OF INSURANCE AS SET FORTH IN THIS QUESTIONNAIRE ON THE BASIS OF THE STATEMENTS CONTAINED HEREIN.

Signed

Title

Date

Special Comments on Account:
