

Allen Financial Insurance Group

P.O. Box 9957 Phoenix, AZ 85068
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AMUSEMENT PARK SUPPLEMENT

() New
() Renewal

Applicant's Business Name _____
 Policy Period Requested _____ to _____ () Claims Made () Occurrence
 Limit Requested \$ _____ Deductible Requested \$ _____ Per Claim (BI & PD Combined)
 Estimated Gross Receipts \$ _____ Prior Year Gross Receipts \$ _____

PLEASE INCLUDE THE FOLLOWING: () Photos () Brochures

SCHEDULE

I.	Rides and Attractions (Include at the end of schedule Other Attractions, Shows or Concessions)	
	<u>Name & Serial Number</u>	<u>Manufacturer</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

II.	Buildings	
	<u>Description and Location</u>	<u>Use</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Parking Lot: () yes () no If yes, Capacity _____ Surface Type _____

ADDITIONAL INTERESTS / CERTIFICATE RECIPIENTS	Interest
<u>Name and Address</u>	
_____	_____
_____	_____
_____	_____
_____	_____

- GENERAL INFORMATION:** (explain all "yes" responses) For all Past or Present Operations:
1. Any medical facilities provided or doctors employed/contracted () yes () no
 2. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material? () yes () no
 3. Any operations sold, acquired, or discontinued in last 5 years? () yes () no
 4. Machinery or equipment loaned or rented to others? () yes () no
 5. Any watercraft, docks, floats owned, hired or leased? () yes () no
 6. Is there a swimming pool on the premises? () yes () no
 7. Sporting or social events sponsored? () yes () no
 8. Any structural alterations contemplated? () yes () no
 9. Any demolition exposure contemplated? () yes () no
 10. Is any alcohol served or allowed on premises? () yes () no
If yes, gross receipts? _____

REMARKS: _____

PLEASE FULLY COMPLETE AND ATTACH WATER PARK/SLIDE SUPPLEMENT FOR ALL WATER ATTRACTIONS

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will be made a part of the policy and any material or fraudulent misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date Signed

Signature of Agent

Date Signed

UNDERWRITERS USE ONLY:	Limit of Liability	\$	_____	
	Deductible	\$	_____	Per Claim
	Premium	\$	_____	
	Engineering Fee	\$	_____	