

Allen Financial Insurance Group

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AMUSEMENT CENTER SUPPLEMENT

() New
() Renewal

Applicant's Business Name _____
 Effective Dates Requested _____ to _____ () Claims Made () Occurrence
 Limit Requested \$ _____ Deductible Requested \$ _____ Per Claim (BI & PD Combined)

GO KARTS

1. Type of Track? _____
2. Please advise Shape? _____ Surface? _____
3. Number of Karts? Adult _____ Kiddie _____ Two Seater _____
4. Is speed governed on karts? () yes () no If yes, what speed? _____
5. Are karts operated away from insured's track? () yes () no If yes, where? _____
6. Are karts provided with driver guards? () yes () no If no, are helmets provided? () yes () no
7. Are karts occupied by more than one person at a time? () yes () no
 If yes, are they designed for this purpose? () yes () no
PLEASE BE ADVISED THAT FRONT TO BACK DOUBLE RIDING WILL BE EXCLUDED FROM THE POLICY.
8. Is there a height limitation for operating karts? () yes () no If yes, what height? _____

SCHEDULE OF KARTS

Type of Kart	Manufacturer	How Many Owned	How Many Operated	Identification Numbers (Include all owned karts)

BUMPER BOATS

1. How deep is water area? _____ Dimensions? _____
2. Is water area man made? () yes () no If no, describe _____
3. How many bumper boats? Adult _____ Kiddie _____
4. Is there any kind of Height or Age requirement? () yes () no If yes, describe _____
5. Are participants required to wear Life Saving Equipment? () yes () no
6. What kind of Life Saving Equipment is available? _____
7. Are employees trained in the use of the Life Saving Equipment? () yes () no
 If yes, describe training _____

SCHEDULE OF BUMPER BOATS

Type of Bumper Boats	Manufacturer	How Many Owned	How Many Operated	Identification Numbers (Include all owned bumper boats)

OTHER ATTRACTIONS

- () Batting Cages: If yes, how many? () Hard Ball _____ () Soft Ball _____
 () Slow Ball _____ () Fast Ball _____
- () Arcade: If yes, how many games? _____
- () Mini Golf: () Driving Range: () Maze () Putting Green
 () 18 Holes Number of Tees _____ () Softball Field
 () 36 Holes
- () Recreational Facilities:
 () Shuffle Board () Coin Operated Rides
 () Horse Shoe Pit () Critter Sitters
 () Volley Ball () Children's Play Area
 () Tennis Court () Dry Slide
 () Billiards () Swimming Pool
- () Miscellaneous Games () Moonwalk () Souvenir Shop () Snack Bar
 () Speed Pitch () High Jump () Gyro () Fun House
 () Other _____
 (provide manufacturer and serial number for mechanical rides)

ADDITIONAL INTERESTS / CERTIFICATE RECIPIENTS

Name and Address	Interest
_____	_____
_____	_____
_____	_____

GENERAL INFORMATION: (explain all "yes" responses) For all Past and Present Operations:

- Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material? () yes () no
- Any watercraft, docks, floats owned, hired or leased? () yes () no
- Any parking facilities owned/rented? () yes () no
- Is a fee charged for parking? () yes () no
- Recreation facilities provided? () yes () no
- Is there a swimming pool on the premises? () yes () no
- Sporting or social events sponsored? () yes () no
- Any structural alterations contemplated? () yes () no
- Is any alcohol served or allowed on premises? () yes () no
(If yes, please include gross receipts)
- Are there any sponsored competitions of any type? () yes () no

REMARKS: _____

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 \$ _____