

Amusement Device and Center Supplemental Application

Applicant's Name _____

Agent Name _____

Address _____

Mailing Address _____

Proposed Effective Date:

From _____ To _____

Web Address _____

(12:01 am Standard Time at the address of the Applicant)

Applicant is: Individual Corporation Partnership Joint Venture LLC Other _____

States of Operation _____

Years doing business under current name _____ years

Radius of Operation from main location _____ miles

Years of Experience _____ years

Limits of Liability Requested

Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Fire Legal (any one premise)	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible	\$ _____ BI/PD per Claim - LAE

Schedule of Amusement Devices and Rides

Name and/or Full Description of Amusement Device or Ride	Age	Manufacturer

Maintenance and Inspections

Person Completing Inspection and Maintenance	Frequency of Inspection/Maintenance	Are Maintenance and Inspection Logs and Records maintained?

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- Does applicant have any animal rides or animal exposures? Yes No
- If yes, please describe:
- Do rides have clearly marked age, height and size limitations? Yes No
- Are rides set up and taken down by trained and experienced personnel? Yes No
- Do employees of the insured constantly supervise rides/devices at all times? Yes No
- When not in use are rides secured and inaccessible? Yes No
- Does applicant have a training program? Yes No
- Does applicant have any leased employees? Yes No
- Does applicant subcontract work to others? Yes No
- Does applicant obtain certificates of insurance from all subcontractors? Yes No
- In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to the applicant? Yes No
- Is the applicant aware of any events that have occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

Account Revenue Projections and History

Year	Payroll	Gross Receipts	Sub-Contracted Cost (Including Cost of Materials)
Next 12 Months			
Prior Year			
Prior Year			
Prior Year			

Please list the type of events the applicant provides his amusement devices for (i.e. Birthday parties, fairs, etc):

Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

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Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____

Date _

Agents Signature _____

Date _