

AMUSEMENT CENTERS, DEVICES OR RIDES SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: _____
 Mailing Address: _____
 Location Address: _____
 Website Address: _____ Phone: _____ Fax: _____
 Policy Number: _____

1. Is applicant properly licensed where required by law? Yes No License #: _____
2. Does applicant operate on a seasonal basis? Yes No
3. Are signs clearly posted with rules of contact, height requirements and size limitations? Yes No
4. Is there a refreshment stand? Yes No
 If yes, indicate receipts: \$ _____

5. Check all applicable amusement devices or entertainment present:

<input type="checkbox"/> Airplane/balloon rides	<input type="checkbox"/> Go Karts	<input type="checkbox"/> Paint Ball
<input type="checkbox"/> ATV rental/rides	<input type="checkbox"/> Hay rides	<input type="checkbox"/> Pedi cabs
<input type="checkbox"/> Bumper cars/boats	<input type="checkbox"/> Haunted house	<input type="checkbox"/> Pony rides – hand lead
<input type="checkbox"/> Bungee jumping	<input type="checkbox"/> Human slingshot	<input type="checkbox"/> Virtual reality
<input type="checkbox"/> Children’s play centers	<input type="checkbox"/> Inflatable ball tosses, backstops	<input type="checkbox"/> Water slides/parks
<input type="checkbox"/> Climbing walls	<input type="checkbox"/> Inflatable bouncers/moonwalks, slides	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Corn field maze	<input type="checkbox"/> Laser tag	<input type="checkbox"/> Other: _____

6. Schedule of amusement devices or rides (Attach separate schedule to list additional amusement devices or rides):

Name & Type	Age (yrs)	Manufacturer	Description	Maximum Operating Speed	Attendant or Employee Present
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Are attendants on duty during all operating times? Yes No
8. Are maintenance logs kept on each device or ride? Yes No
9. Are any devices or rides mounted on trailers? Yes No
 If yes, provide radius of operation and type of device: _____

10. Are devices and rides regularly inspected? Yes No
 If yes, are these inspections performed by properly licensed entities where required? Yes No
11. Does applicant have a training program for its employees? Yes No
 If yes, describe: _____

12. Are there any multi-level driving ranges? Yes No
 If yes, describe: _____
13. Is there any firework or pyrotechnic exposure? Yes No
 If yes, describe: _____
14. Are there any animal rides or animal exposure? Yes No
 If yes, describe: _____
15. Are any inflatable devices used? Yes No
 If yes, describe: _____
16. Are any devices available for rental or lease? Yes No
 If yes, list devices and explain: _____

17. Does lease agreement contain a hold harmless agreement in applicant's favor? Yes No

ATTACH A COPY OF THE LEASE AGREEMENT

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

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 may be guilty of a crime and may be subject to fines or 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 a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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, or 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.

Applicant Name

Applicant Signature

Date

Producer Name

Producer Signature

Date