

AMUSEMENT PARKS APPLICATION

SUBMISSION REQUIREMENTS:

- Completed ACORD Application for all submitted lines
- 5 Years Currently Valued Loss Runs for all submitted lines
- Facility Diagram
- Schedule of Rides and Attractions
- Copy of Waivers and Releases
- Copy of Safety Program
- Facility Lease Agreement (if building rented/leased)
- Copy of Employee Training Manual
- *If Applicant also operates a waterpark, complete the Waterpark Supplemental Application.*

GENERAL INFORMATION

Full Named Insured:						
Mailing Address:	City:		State:		Zip:	
Physical Address:	City:		State:		Zip:	
Entity Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:	
Email:	Phone:					
Year Established:	In business under current management since:					
Is operation part of a franchise?*				<input type="checkbox"/> Yes <input type="checkbox"/> No		
*If yes, what is the franchise name?						
Facility is:				<input type="checkbox"/> Owned <input type="checkbox"/> Leased		
Is a safety manager on premises at all times the facility is open?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Applicant have a formal safety training program for employees in place?				<input type="checkbox"/> Yes <input type="checkbox"/> No		

EXPOSURE INFORMATION

<i>Provide number of:</i>		
	Upcoming Year	Prior Year
Annual Admissions		
Employees – Full-Time		
Employees – Part-Time		

<i>Provide estimated receipts:</i>		
	Upcoming Year	Prior Year
Admissions/Rides	\$	\$
Arcade/Game	\$	\$
Food/Beverage (excl Liquor)	\$	\$
Gift Shop	\$	\$
Liquor	\$	\$
Other Receipts*	\$	\$
Total Gross Receipts	\$	\$
<i>*If Other Receipts, describe:</i>		
Admission Cost:		
Adult: \$	Child: \$	Discount: \$
Park is: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
Total Park Acreage:		Total Parking Acreage:
Venue Capacity: <i>persons</i>		Hours of Operation: to
Operating Season: to		Number of off-season events:

FACILITY INFORMATION

Any storage, treating, discharging, applying, disposing, or transporting hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any operations sold, acquired, or discontinued in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any structural alterations or demolitions contemplated?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If so, please advise:</i>	
Machinery, equipment, or attractions rented to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any watercraft docks (not bumper boats), floats on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming pool(s) and/or water attractions on premises?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If so, complete Waterparks Supplemental Application.</i>	
Advise if Applicant has any of the following:	
<input type="checkbox"/> Athletic Fields	<input type="checkbox"/> Firework Displays
<input type="checkbox"/> Buses/Shuttles/Trams	<input type="checkbox"/> Full-Service Restaurant
<input type="checkbox"/> Day Care Facilities	<input type="checkbox"/> Go Karts
<input type="checkbox"/> Driving Range	<input type="checkbox"/> Golf Course
<input type="checkbox"/> Hotel	<input type="checkbox"/> Museum
<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Playground Equip
<input type="checkbox"/> Miniature Golf	<input type="checkbox"/> Roller Skating
<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Zoo/Petting Zoo
Any special events scheduled throughout the year?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, provide a schedule.</i>	
Does Applicant maintain grandstands?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are any over 15 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	
<i>Advise seating capacity and construction type:</i>	

<i>Advise who is responsible for the following:</i>				
	Applicant	Facility Owner	Subcontractor	N/A
Building Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflatables/Amusements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merchandise/Gift Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Answer the following with regards to contracts and certificates of insurance with subcontractors and vendors:</i>				
	Applicant	Sub/Tenant	Mutual	N/A
a. Hold Harmless/Indemnification wording is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Additional Insured status is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. COI showing at least \$1M liability limit required by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIFE SAFETY

Is there cooking on premises? <i>*If yes, answer the following questions.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the cooking area, hood and duct system protected by a fire extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a written agreement in place for grease removal, hood, duct, and filter cleaning with an outside company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is the hood and duct serviced? <input type="checkbox"/> Annually <input type="checkbox"/> Every 6 months <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (explain): Date Last Serviced:	
Is smoking permitted inside the casino/card room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate any Fire Protection in place: <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinklered Facility <input type="checkbox"/> Alarm-Central Station <input type="checkbox"/> Alarm-Local	
Central station burglar alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Closed-circuit surveillance cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any medical facilities provided?*	
<i>*If yes, who provides?</i> <input type="checkbox"/> City Paramedics <input type="checkbox"/> Venue Staff <input type="checkbox"/> Contracted Service	
<i>*If Contracted Service, are COIs obtained listing Applicant as an AI?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>*Is there a registered nurse, EMT, paramedic, or doctor on premises at all times when open?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>* Is an ambulance kept on site?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance to nearest hospital:	

RIDE SAFETY

Do all ride signs comply with manufacturer recommendations with regard to age, height, and exit requirements; prohibited items; and passenger requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does or has Applicant ever manufactured or retrofitted any amusements/attractions?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, provide a list of all such attractions and the changes made.</i>	
Are rides inspected daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an inspection log maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there periodic inspections required by state inspectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are maintenance manuals for all rides kept on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a qualified maintenance person/team on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an on-site maintenance shop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all attractions supervised by an attendant during all hours of operation?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If no, please explain:</i>	
Do all ride attendants receive proper training and adhere to the correct operation and safety features of all rides in which they operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any rides require the operator to control the speed?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are operators trained in the proper use and safety?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are operators trained to run more than one ride?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, what is the maximum number?</i>	
Does Applicant manufacture rides sold to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any events/activities/attractions require a waiver and release?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, provide a copy of the waiver and advise the types of events/activities that require a waiver.</i>	

SECURITY

If Applicant uses security, complete the following section.

Is there a written training/safety manual in place?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are all individuals who work in a security capacity required to provide written acknowledgment of the manual's policies?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who is responsible for security?	<input type="checkbox"/> Employees <input type="checkbox"/> Contracted Service/3 rd Party Security Company <input type="checkbox"/> Police
If Applicant uses <u>Employed Security</u> , advise training and/or licensing requirements:	
Does Applicant perform background checks on all employed security? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If no, please advise:</i>	
If Applicant uses <u>Contracted Service/Security Company</u> , what limit of liability does the Applicant require? \$	
Is the Security Company required to name Applicant as an AI and provide COI? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the security contract require the Security Company to hold Applicant harmless? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are Security Armed?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, does Applicant and/or third party perform background checks on all armed security?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate any other equipment carried or routinely available to security personnel: <input type="checkbox"/> Dogs <input type="checkbox"/> Flashlights <input type="checkbox"/> Handcuffs <input type="checkbox"/> Nightstick <input type="checkbox"/> Taser/Phaser <input type="checkbox"/> Other (explain):	
Advise maximum security-to-patron ratio:	
Advise when and for what purposes security is used (ex: 24/7, during all operating hours, weekends, etc.):	

ABUSE OR MOLESTATION

If Abuse or Molestation coverage is requested, please complete the following section.

Does Applicant have custodial responsibility of minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant conduct any overnight operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Identify the following hiring practices in place:</i>	
Employment applications required for:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteers
Reference Checks required for:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteers
Criminal & Sexual Offender records checked for:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteers
In-Person Interview required for:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteers
Do any current staff or volunteers have any prior abuse or sexual convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a formal, written Abuse Prevention Program in place?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, provide a copy.</i>	
<i>*If yes, does it include a supervision plan to monitor staff in day-to-day relationships with patrons?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Applicant ever had an incident which resulted in an allegation of sexual abuse or molestation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMERCIAL AUTO/HIRED & NON-OWNED AUTO

If Commercial Auto and/or Hired & Non-Owned Auto (HNOA) coverage is requested, please complete the following section.

Does Applicant have any owned vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant allow employees to use their own personal vehicles for business purposes?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>* If yes, how many?</i>	
<i>* If yes, how often?</i>	
Does Applicant confirm all employees driving on its behalf carry at least state minimum personal auto liability limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does Applicant rent/lease vehicles to others?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>*If Yes, provide a List of Vehicles rented and a copy of the rental contract used.</i>	
If HNOA is requested, please provide the following:	
Annual Cost of Hire: \$	Confirm Driver MVRs are screened: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

LOSS INFORMATION

Please explain any losses over \$25,000 (use an additional sheet if necessary).

1.
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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Signature of Insured

Title

Click or tap to enter a date.

Date