

## FAMILY ENTERTAINMENT CENTER (FEC) APPLICATION

### SUBMISSION REQUIREMENTS:

- Completed ACORD Application for all submitted lines
- 5 Years Currently Valued Loss Runs for all submitted lines
- Facility Diagram
- Copy of Waivers and Releases
- Copy of Safety Program
- Facility Lease Agreement (if building rented/leased)

### 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>Estimated Sales/Receipts for the upcoming term:</i>			
Attraction	Receipts	Attraction	Receipts
Arcades	\$	Go Karts	\$
Batting Cages	\$	Golf Driving Ranges	\$
Billiards	\$	Inflatables	\$
Birthday Parties	\$	Kiddie Rides	\$
Bowling	\$	Laser Tag	\$
Bumper Boats	\$	Liquor, Beer, Wine	\$
Bumper Cars	\$	Miniature Golf	\$
Food & Non-Alcoholic Beverages	\$	Ropes Course	\$
Gift Shops/Pro Shops	\$	Rock Wall	\$
Other (describe):			\$
<b>Total Receipts:</b>			<b>\$</b>

Prior Year Total Receipts:		\$
Average annual attendance:	Operating season:	to
Annual payroll: \$	Number of employees:	

## 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 on premises?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	
Any special events scheduled throughout the year?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, provide a schedule.</i>	
Does the Applicant provide live entertainment?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, describe type and frequency:</i>	

*Advise who is responsible for the following:*

	Applicant	Facility Owner	Subcontractor	N/A
<b>Building Maintenance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Concessions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Facility Management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Aid</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inflatables/Amusements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Liquor Sales</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Merchandise/Gift Shop</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parking</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Security</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Answer the following with regards to contracts and certificates of insurance with subcontractors and vendors:*

	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:	
Central station fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, please advise:</i>	
Does Applicant have at least one (1) Automated External Defibrillator?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are staff members trained to use it?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant have backup emergency lighting and/or emergency generators in the event of a power failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have an emergency evacuation plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are evacuation procedures and floor plans posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are parking lots well-lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 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 <sup>rd</sup> 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"/> 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: 1 security to _____ patrons
Advise when and for what purposes security is used (ex: 24/7, during all operating hours, weekends, etc.):

## RIDES/ATTRACTIONS UNDERWRITING INFORMATION

Does the facility adhere to ASTM (American Society for Testing and Materials) standards for all applicable rides and devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are safety, warning, and instructional signs placed at each ride/attraction and enforced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all ride signs comply with manufacturer recommendations regarding age, height, and exit requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does or has the Applicant ever manufactured or retrofitted any amusements or attractions?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, provide a list and detail the changes made.</i>	
Are periodic inspections required by state inspectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all required state, county, and/or local licenses/permits current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Texas Applicants only:</i> AR-100 Expiration Date?	
Has Applicant ever received a citation for violation of licensing or permit requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 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
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 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	

## RIDES/ATTRACTIONS OPERATIONS

Complete the following sections that are applicable to the Applicant's operations.

<b>Arcades</b>	<input type="checkbox"/> N/A
Number of Games:	
Are arcade games wired per National Electric Code (NEC) Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Batting Cages</b>		<input type="checkbox"/> N/A
Number of batting cages:	Minimum participant age requirement:	
Is a waiver and release required for all participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a helmet required for all participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are home plates clearly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are pitching machines properly calibrated per the manufacturer's specifications?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*If yes, is a log kept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are batting cage doors self-closing and self-latching?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are only manufacturer approved balls utilized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Billiards</b>	<input type="checkbox"/> N/A
Number of billiard and/or pool tables:	

<b>Bowling</b>		<input type="checkbox"/> N/A
Number of lanes:		
Are ball racks secured to the floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lane construction: <input type="checkbox"/> Wood <input type="checkbox"/> Synthetic <input type="checkbox"/> Other:		
Lane finish: <input type="checkbox"/> Lacquer <input type="checkbox"/> Polyurethane <input type="checkbox"/> Urethan <input type="checkbox"/> Water-Based <input type="checkbox"/> Other:		
Who is responsible for refinishing the lanes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are flammable liquids stored on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a Hand Intrusion Sensor installed on the ball return to lower the risk of a hand injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Bumper Boats</b>		<input type="checkbox"/> N/A
Are riders required to be at least 10 years old or taller than 48"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is maximum water depth less than 4 feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the bottom of the pool visible at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does at least one (1) attendant oversee the attraction at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the motor propellers protected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does gasoline storage meet NFPA and local fire Marshall standards and laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Bumper Cars</b>		<input type="checkbox"/> N/A
Are riders required to be at least 10 years old or taller than 48"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are bumper cars equipped with a dash pad and headrest pad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are seat belts required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does at least one (1) attendant oversee the attraction at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does fencing separate spectators from the floor area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Golf Driving Ranges</b>		<input type="checkbox"/> N/A
Are edges of the driving range protected by fencing or netting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there partitions between tee boxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can golf balls be hit into any of the attraction areas, parking lots, or roads?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Go Karts</b>		<input type="checkbox"/> N/A
Minimum age requirement:	Minimum height requirement:	
Maximum speed:                      MPH	Number of go karts:	
Number of indoor tracks:	Number of outdoor tracks:	
Does all track fencing meet ASTM F-24 requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a waiver and release required for all participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all tracks have continuous containment systems in place that are properly secured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are governors installed to control speed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are automatic slowdown systems installed in all pits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are participants required to wear safety belts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a remote-control device for emergency slow down/shut down of go karts utilized on all tracks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Advise if karts are equipped with the following:		
<input type="checkbox"/> Padded Steering Wheel	<input type="checkbox"/> Safety/seat belts for each seat	
<input type="checkbox"/> Padded head rest	<input type="checkbox"/> Wheel enclosures	
<input type="checkbox"/> Roll bars and bumper guards	<input type="checkbox"/> Other (explain):	
Is the rear axle on all go karts open or covered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Applicant allow front to back double riding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Applicant have a kart(s) equipped for side-to-side double riding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are fire extinguishers located in the pit/refueling/track areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there at least two (2) qualified staff members on each track during go kart activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Inflatables</b>		<input type="checkbox"/> N/A
Describe inflatables to be used (number and type):		
Will inflatables be used indoors or outdoors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are inflatables set up and secured per manufacturer guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are patrons separated by age and weight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minimum number of attendants for each inflatable:		
Is a written weather emergency plan in place and staff trained to deal with unplanned deflation or weather emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What wind speed do you shut down your Inflatables?		
How is the wind speed monitored?		

<b>Kiddie Rides</b>		<input type="checkbox"/> N/A
Provide list of ride type.		
Is a written log kept of daily inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Laser Tag</b>		<input type="checkbox"/> N/A
Maximum number of players in arena at one time: players	Maximum ratio of attendance to players: 1 attendee to          players	
Is a waiver and release required for all participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are instructions given prior to entering the arena?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If there are any uneven surfaces (stairs, steps, changes in elevation), are they properly marked and well-lit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Miniature Golf</b>		<input type="checkbox"/> N/A
Number of courses:	Number of holes:	
Are walkways marked and well-lit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are water attractions and moving parts safely guarded or protected from patrons by fencing or signage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have ground fault interrupters for all electrical attachments to golf holes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Rock Walls &amp; Ropes Courses</b>		<input type="checkbox"/> N/A
Number of Rock Walls:	Number of Courses:	
Max # of climbers permitted on the course at a time:	Max attendant to climber ratio: 1 attendant to          climbers	
Max course height:	Minimum age requirement:	
Minimum height requirement:		
Is a waiver and release required for all participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are climbers harnessed by attendants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the system have a protective feature preventing participants from being able to unharness, unhook carabiners, or disconnect while on the course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often is the course inspected internally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the course inspected annually by a certified consultant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the entire ropes course staff receive certified training?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>*If yes, by whom and how often?</i>		
What type of landing surface is used?		

## 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
*If yes, provide a copy.		
*If yes, does it include a supervision plan to monitor staff in day-to-day relationships with patrons? <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
* If yes, how many?		
* If yes, how often?		
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
*If Yes, provide a List of Vehicles rented and a copy of the rental contract used.		
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.
2.
3.





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).

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Signature of Insured

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Title

Click or tap to enter a date.

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Date