

Amusement Center Supplement

GO KARTS

1. What is shape of track? Round Oval Figure 8 Other
2. What is track surface? Concrete Asphalt Dirt Other
3. Provide construction of barriers _____ Height of Barriers _____
4. Number of Karts ? _____ Adult _____ Two Seater _____ Kiddie _____
5. Is speed governed on karts? yes no If yes, what speed _____
6. Karts equipped with (a) roll bars yes no (b) bumper guards yes no
(c) driver guards yes no (d) seat belts yes no
(e) restraint system yes no (f) kill switch yes no
7. Are karts operated away from your track? yes no If yes, please provide details and location. _____

8. Are helmets provided? yes no
9. Are karts operated 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.

10. Is proper signage and enforcement of loose clothing and hair restraints in place? yes no
11. Is there a rolling gate? yes no
12. Are karts gas or electric?
If karts are gas (a) Do you have a restricted area for fuel filling? yes no
If yes, please describe _____

- Do you post "No Smoking" Signs? yes no
Please provide amount of gasoline stored on premises: _____
and describe method of storage: _____
13. Any racing allowed? yes no If yes, please explain _____

14. Any non-owned karts allowed or operated on premises? yes no If yes, please explain _____

15. Are spectators separated from the track? yes no Please explain _____

16. If indoor facility, please describe ventilation _____

Schedule of Go Karts

Type of Kart	Manufacturer	#Owned	#Operated	Serial #'s

Attach addition sheet if needed

BUMPER BOATS

- How deep is water area? _____ Dimensions? _____
 - Is water area man made? yes no If no, describe _____
 - Number of Bumper Boats? Adult _____ Kiddie _____
 - Is there a height requirement? yes no If yes, what height? _____
 - Is there an age requirement? yes no If yes, what age(s)? _____
 - Are participants required to wear Life Saving Equipment? yes no
If yes, what type of life saving equipment is available? _____
 - Are employees trained? yes no. If yes, please describe _____
-
- How are propellers protected? _____
-

Schedule of Bumper Boats

Type	Manufacturer	# Owned	# Operated	Serial #'s

BATTING CAGES

- How Many? _____ Speeds _____
 - Are Helmets required? yes no
 - Do you provide the helmets? yes no
 - Number of participants allowed in batting cage at one time? _____
 - Are safety rules and procedures posted and clearly visible to participants? yes no
 - Can participants alter settings on the pitching machines? yes no
 - Are batting cages completely enclosed? yes no
 - Do you offer batting instructions? yes no
If yes, please provide details _____
-
- Are non skid surfaces installed? yes no

ARCADE

1. How many games? _____ Type of Games _____

2. Do you own or lease the games? Own Lease If the games are leased, are you listed as an additional insured? yes no If no, please explain _____

3. Receipts? _____
4. Are machines properly grounded? yes no
5. Do you have non skid/non conductive covering/flooring? yes no
6. Speed Pitch? yes no
7. Redemption Center? yes no
8. Gift Shop? yes no. If yes, please provide receipts _____

MINIATURE GOLF

1. Number of Courses? _____ Number of Holes? _____
2. Are safety rules and procedures posted and clearly visible to participants? yes no
3. Describe walking surfaces _____

4. Is this a multi level exposure? yes no If yes, please provide photo or diagram.
5. Receipts? _____

DRIVING RANGE

1. Number of tees? _____ #of Attendants? _____ # of Levels? _____
2. Describe fencing or netting _____

3. Are there other exposures exposed to the range? yes no If yes, please provide details _____

4. What type of partitions are used between the tees? _____
5. Do you allow more than 1 person in the tee area? yes no
6. Are safety rules and procedures clearly posted and visible to the participants? yes no
7. Is there a putting green? yes no

MECHANICAL RIDES (NOT COIN OPERATED)

Schedule of Mechanical Rides (If any)

Name of Ride	Year	Manufacturer	Serial #'s

Are these rides attended at all times during operational hours? yes no
 Are safety rules and procedures clearly posted and visible to the participants for each ride? yes no

COIN OPERATED RIDES

- 1. Number of? _____
- 2. Description of _____

3) Are these rides attended at all times during operational hours? yes no

INFLATABLES

- 1. How are age/weight limitations enforced? _____

- 2. Similar size/ability grouped together? yes no
- 3. Are these units attended at all times during operational hours? yes no
- 4. Are safety rules & procedures clearly posted and visible to the participants? yes no
- 5. Are the inflatables properly anchored? yes no

Schedule of Inflatables

Theme Name of Inflatable	Manufacturer	Dimensions

SOFT PLAY

COLOR PHOTO OF SOFT PLAY REQUIRED

- 1. Is this a multi level unit? yes no Dimensions? _____
- 2. What is the age requirement? _____
- 3. Is unit attended at all times during operational hours? yes no

ROCK CLIMBING WALL

- 1. How many? _____
- 2. Are there age/height/weight limits? yes no If yes, please explain _____

- 3. How often are cables replaced? _____
- 4. Are safety rules and procedures clearly posted and visible to the participants? yes no
- 5. Is the wall(s) attended at all times during operational hours? yes no
- 6. Do you own or operate a "Revolving Rock Wall"? yes no

Schedule of Rock Climbing Walls

Year	Manufacturer	Dimensions	Serial #'s

PAINTBALL

Indoor Facility? yesno
Square Footage _____

Outdoor Facility?yesno
of Fields _____

- 1. Are playing areas clearly marked? yesno
- 2. Describe paintball marking devices used _____

- 3. Are safety rules and procedures clearly posted and visible to the participants? _____

- 4. Where are they displayed? _____
- 5. Range and Velocity of paint pellets? _____(ft per sec)
- 6. Maximum number of players at any one time, per playing field ? _____
- 7. Minimum referee to player ratio at any one time? _____
- 8. Minimum age for any player? _____
- 9. Describe Mandatory safety gear _____

- 10. Are players allowed to use their own guns and pellets? yesno
- 11. Are players allowed to use their own safety gear? yesno

Paintball continued

- 12. Where are CO2 tanks stored? _____
- 13. How are the tanks secured? _____

LAZER TAG

- 1. Square Footage of play area _____ Multi level? yes no
 - 2. Number of Guns? _____ Are they equipped with padding kit? yes no
 - 3. Number of participants per session? _____ Length of session? _____
 - 4. Number of emergency exits? _____ Are they well lit? yes no
 - 5. What safety gear do you provide? _____
-
6. Are safety rules and procedures clearly posted and visible to the participants? yes no

ADDITIONAL ATTRACTIONS

- | | | |
|---------------------|------------------|-----------------------|
| Euro Bungy | _____ # of _____ | & # of Stations _____ |
| Trampoline Thing | _____ # of _____ | |
| Rope Ladder | _____ # of _____ | |
| Mechanical Bull | _____ # of _____ | |
| Water Wars | _____ # of _____ | |
| Shuffleboard | _____ | |
| Horse Shoe Pit | _____ | |
| Volleyball | _____ | |
| Tennis Court | _____ # of _____ | |
| Billiard/Pool Table | _____ # of _____ | |
| Ball Field | _____ # of _____ | Type _____ |
| Simulators | _____ # of _____ | |

Schedule of Simulators

Type	Manufacturer	# of Participants	Serial #

Other – Please describe below:

SNACK BAR

- 1. Describe items sold:

Snack Bar continued

2. Are food operations subcontracted? yes no If yes, are you listed as an additional insured? yes no. If no, please explain: _____

3. Is there a grill? yes no

4. Is there a deep fryer? yes no

5. Is there an automatic ansul system protecting cooking/frying surfaces? yes no

6. Do you have a vending area? yes no. If yes, do you own the machines? yes no
If no, are you listed as an additional insured? yes no. If no, please provide explanation: _____

7. Are machines properly grounded? yes no

8. Are machines properly anchored? yes no

GENERAL INFORMATION (EXPLAIN ALL "YES" RESPONSES FOR ALL PAST AND PRESENT OPERATIONS)

1. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material? yes no

2. Any watercraft docks, floats owned, hired or leased? yes no

3. Any parking facilities owned/rented? yes no

4. Do you display fireworks? yes no

5. Does your facility have a formal training program for employees? yes no

6. Is there a swimming pool on the premises? yes no
If so, are there diving boards? yes no
If yes, how many _____

7. Are there any water hazards or unfenced bodies of water on your premises? yes no

8. Do you sponsor sporting or social events? yes no

9. Any structural alterations contemplated? yes no

10. Is any alcohol served, sold or allowed on premises? yes no

IF YES, LIQUOR LIABILITY APPLICATION REQUIRED

11. Do you provide baby-sitting/day care? yes no

12. At what age are unaccompanied children permitted on your premises without adult supervision? _____

13. Are your rides and attractions inspected by a state agency? yes no

14. Do you offer transportation of patrons to or from your premises? yes no

General Information continued

15. Are patrons required to walk across public roadway from parking area? yes no
If yes, please describe safety provisions: _____

16. Does your facility comply with current standards set by the American With Disabilities Act? yes no

17. Do you have an ATM on premises? yes no
If yes, how many _____ owned _____ leased _____
If leased, are you named as additional insured? yes no

18. Is security present during open hours? yes no

19. Is security present during closed hours? yes no
If security present, are they employees independent contractors
If independent contractors, are you named as additional insured? yes no

ARMED SECURITY EMPLOYED BY THE NAMED INSURED IS NOT A COVERED EXPOSURE.

If the insured contracts with independent/third party vendor, the insured must secure valid certificate of insurance for limits of not less than \$1,000,000 per occurrence naming the insured as an additional insured under the independent/third party vendor's insurance policy.

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement(s) will become a part of the policy and any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date

Signature of Agent

Date