

**T.H.E. INSURANCE COMPANY**

10451 Gulf Boulevard  
Treasure Island, FL 33706

**RENTAL AMUSEMENT OPERATIONS SUPPLEMENT**

Applicant's Business Name: \_\_\_\_\_

Limit Request: \_\_\_\_\_

Policy Period Requested: \_\_\_\_\_ to \_\_\_\_\_

**General Information:** (explain all "yes" answers)

Type of Business  Individual  Corporation  Joint Venture  Other \_\_\_\_\_

Gross Receipts: \_\_\_\_\_

States Operating in? \_\_\_\_\_

Any Medical facilities provided or doctors employed/contracted? yes no

Please Include the Following: Photos Brochures Hold Harmless, if any

**Schedule of Exposures**

**Rides, Inflatables, and Mechanical Attractions**

Name	Size	Serial Number	Manufacturer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Food Products? yes no

Do you provide operators with all the equipment? yes no

Is this equipment loaned, leased or used by rental companies or any individual other than the named insured and his employees? yes no

If yes, do you obtain certificates of insurance naming you as an additional insured? yes no

**Additional Interests/Certificate Recipients**

Name and Address	Interest
_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement 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 Signed

**RENTAL AMUSEMENT OPERATIONS – ADDITIONAL**

	<b>Year/Description</b>	<b>Manufacturer</b>	<b>Serial#</b>	<b>Size</b>
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