

## FAMILY ENTERTAINMENT CENTERS (FEC) APPLICATION

### BROKER INFORMATION

Broker/Agency Name:				
Address:	Street:	City:	State:	Zip:
Contact Person:	Phone #	Fax #	E-Mail:	Website:

### GENERAL APPLICANT INFORMATION

Business Name:		FEIN:	
Address:	City:	State:	Zip:
Contact Person:	Phone #	Fax #	E-Mail: Website:
Is the proposed insured a subsidiary of another company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide name of parent company if yes:
Location of FEC :	Street:	City:	State: Zip:
FEC Name (if different)			
Is the premises owned by the Named Insured?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### POLICY INFORMATION

Effective Date:		Expiration Date:		Quote Need By Date:	
Previous Insurance Carrier:		Have coverages ever been canceled or non-renewed during past 5 years <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:			
Policy Term:	Year:	Year:	Year:	Year:	
Limits:					
Annual Premium:					
*Total Incurred Losses:					

\*Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000

### COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Deductible/Self-Insured Retention	Other
General Liability					
Special Events					
Other - Describe					

### UNDERWRITING INFORMATION

<b>FEC GENERAL INFORMATION:</b>					
Operating Season:			Hours of Operations:		
Are there any Off-Season events? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a list of all events planned for upcoming year.					
How many years has this FEC been under the current management?					#
Total # of Employees:		# Full Time:		# Part Time:	
Is there a FEC Safety Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many years of experience?					
Is the FEC Safety Manager present at all times the facility is open? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please attach a copy of the Safety Program and training guide for employees.					
What is the size of the facility?			# Acreage:	# Sq. Ft.:	
Are you an IAPPA Exclusive Member? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Patron admission costs:		Adult: \$		Child: \$	



<b>FEC Attractions</b>				
Projected total receipts for upcoming year:		\$	Actual total receipts from prior year: \$	
Prior year total admission receipts:		\$	Prior year total parking receipts: \$	
Description	Included	Total Receipts	Participant Waiver of Liability	Supplemental App Required
Amusement rides – Attendant or coin operated	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refer to section on app
Arcades	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		Refer to section on app
Babysitting/Nursery	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Basketball/Volleyball	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Batting Cages	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refer to section on app
Billiards	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		Refer to section on app
Birthday Parties	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bowling	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refer to section on app
Bumper Boats	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refer to section on app
Bumper Cars	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refer to section on app
Concerts/Live Performances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Concessions – Non Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		Refer to Food section on app
Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		<input checked="" type="checkbox"/> Alcohol Only
Euro Bungee	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>
Fireworks	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		<input checked="" type="checkbox"/>
Gift Shops/Pro Shops	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Go Karts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refer to section on app
Golf Driving Ranges	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		Refer to section on app
Ice Skating	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>
Inflatables	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refer to section on app
Laser Tag	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refer to section on app
Miniature Golf	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		Refer to section on app
Paintball	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No (Waiver Required)	Refer to section on app
Playground Equipment - Outdoor	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		Please describe:
Playground Equipment – Indoor (Softplay)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		Please describe:
Rock Wall	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No (Waiver Required)	Refer to section on app
Roller Skating	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>
Ropes Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>
Simulator/Virtual Reality	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Tennis	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Trampolines	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No (Waiver required)	
Water Exposure: Please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		



Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
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**FEC OPERATION INFORMATION:**

Do you sponsor any sporting or social events?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:
Do you have any overnight events:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:
Do you sponsor any type of competition?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:
Do you have any indoor/outdoor special events with 250+ spectators?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a list of all events with a complete description
Do you have any overnight lock-ins?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Safety Information:**

Are all curbs, steps and ledges highlighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does facility comply with ADA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you contemplating any demolition, new construction or structural alterations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:			
Is the facility in compliance with all governmental safety and fire codes?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the medical support system:			
AEDs on premises: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many and are staff trained on use?		# First Aid/CPR Trained staff:	
Distance to nearest Medical Facility:	# of miles:	Distance to nearest Fire Station:	# of miles:
Is there a formal emergency evacuation plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a copy			
Describe the fire alarm system – central station, local alarm, etc.:			
Are all fire extinguishers easily accessible in all buildings?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are they checked: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other – please describe:			
Do you have fire extinguishers located in all buildings, at all attractions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the burglar alarm system:			
Does the facility have back-up emergency lighting or generators:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all exits well marked: <input type="checkbox"/> Yes <input type="checkbox"/> No		How many exits are in the facility?	
Are there any security cameras in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Grand Stands/Bleachers:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Built: #	Height:
Number of Seats:	Type of Seat: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete		
Construction Type:	<input type="checkbox"/> Frame <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete		
Is there a documented inspection/maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of last inspection?		

**Parking Area:**

Describe Parking Area: type of surface, level, sloped, lighting etc.:	
Do you provide valet parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parking Area Security Patrolled:	<input type="checkbox"/> Yes <input type="checkbox"/> No



Does Parking Area have sufficient lighting?  Yes  No

**SPECIAL OPERATIONS:**

**AMUSEMENT RIDES**

Does the facility adhere to all ASTM (American Society for Testing and Materials) standards for all applicable rides and devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are pre-opening and regularly scheduled preventative maintenance inspections performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Do they meet the ASTM – F-853 standards in addition to the manufacturers' specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there fencing or barriers in place for each ride to prevent unauthorized access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are safety warnings and instructional signs in place at each ride/attraction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of your rides or attractions been manufactured and/or retrofitted by you? If Yes, please provide a list of the rides and a complete description of the changes made.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever sold any of your rides or attractions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ARCADES**

Provide types of arcade games:	How many games?	#
Describe the maintenance program: Do you perform maintenance? Contractors? How often?		
Are the floors in the arcade area non-slip, non-conductive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many attendants are present in the arcade area?	#	

**BATTING CAGES**

What is the number of batting cages?	#	How many attendants are present during operation?	#
Are participants required to be at least 8 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is the minimum age?	
Are pitching machines properly calibrated as per Mfg. specs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are batting cage doors self-closing & self-latching?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are only MFG. approved balls used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all batting cages have safety, warning, and instructional signs posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is only 1 participant permitted per batting cage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are helmets required for all participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are batter areas clearly marked for left & right handed batters?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the batter area a non-skid surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are home plates clearly marked & secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the batting cages completely enclosed with no holes or breaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can participants alter settings on the pitching machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are pitching machines set at maximum speeds?	<input type="checkbox"/> 80 MPH for >12 YO <input type="checkbox"/> 65 MPH for <12YO Other:		

**BILLIARDS**

What is the number of billiard tables?	#	Are tournaments permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any attendants monitoring the billiard area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the surface non-slip?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**BOWLING**

What is the number of lanes?	#	Lane finish:	<input type="checkbox"/> Lacquer <input type="checkbox"/> Polyurethane <input type="checkbox"/> Urethane <input type="checkbox"/> Water Based
Do you contract for lane refinishing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any flammable liquids properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the percentage of business from:	% Leagues:	\$ Open play:	
Do you sponsor professional tournaments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Pro:	<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor

**BUMPER BOATS**

How many boats?	#	Who is the Manufacturer?	
How many attendants in place during operation?	#	Are they trained in CPR/First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the water depth 4 ft. or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is the depth?	
What is the height of the observation fence?		Are the propellers on the motor protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Are participants required to be at least 10 years old or taller than 48"?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide details:		
What is the maximum engine HP?		What is the # of gallons of gasoline stored at the facility?	
Is gasoline stored in compliance with NFPA and local Fire Marshall standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide specific storage details:		

**BUMPER CARS**

How many bumper cars?	#	Who is the Manufacturer?	
How many attendants in place during operation?	#	Are they trained in CPR/First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are bumper cars equipped with a dash pad and headrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Seatbelt:	
How often are the bumper-cars inspected?	<input type="checkbox"/> Daily <input type="checkbox"/> Every other day <input type="checkbox"/> Weekly <input type="checkbox"/> Other:		
What are the minimum height and age requirements?			
How are spectators restricted from bumper cars while in motion?			

**FOOD SERVICE**

Describe types of food sold:			
Are food services handled by:	<input type="checkbox"/> Insured	<input type="checkbox"/> Subcontractor	
Are there grills and deep fat fryers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, is there an automatic extinguishing system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How often are the ducts and hoods cleaned?		By whom: Insured	

**GO KARTS: TRACK #1**

How many Go Karts?	Single #	Double #	Who is the Manufacturer?	
How many Karts are on track at one time?		What is maximum speed?	Mph:	
Are governors/remotes used to control speed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is racing allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does track meet ASTM Standard F-2007-12?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are track rules clearly & prominently posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
How many attendants in place during operation?	#	Are they trained in CPR/First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are tracks indoor or outdoor?	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	If Indoor, describe air quality controls:		
Does the track have a continuous containment area in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What are the minimum height and age requirements?		Height:	Age:	
Are safety belts required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are Go Karts equipped with roll bars & bumper guards	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are proper signs in place for instruction & enforcement of participants' clothing & hair restraints? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is gasoline stored in compliance with NFPA and local Fire Marshall standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide specific storage details:			
Are fire extinguishers located in the pit/refueling/track area?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**GO KARTS: TRACK #2**

How many Go Karts?	Single #	Double #	Who is the Manufacturer?	
How many Karts are on track at one time?		What is maximum speed?	Mph:	
Are governors/remotes used to control speed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is racing allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does track meet ASTM Standard F-2007-12?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are track rules clearly & prominently posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
How many attendants in place during operation?	#	Are they trained in CPR/First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are tracks indoor or outdoor?	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	If Indoor, describe air quality controls:		
Does the track have a continuous containment area in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What are the minimum height and age requirements?		Height:	Age:	
Are safety belts required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are Go Karts equipped with roll bars & bumper guards	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are proper signs in place for instruction & enforcement of participants' clothing & hair restraints? <input type="checkbox"/> Yes <input type="checkbox"/> No				



Is gasoline stored in compliance with NFPA and local Fire Marshall standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please provide specific storage details:	
Are fire extinguishers located in the pit/refueling/track area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>GO KARTS: TRACK #3</b>			
How many Go Karts?	Single #	Double #	Who is the Manufacturer?
How many Karts are on track at one time?		What is maximum speed?	Mph:
Are governors/remotes used to control speed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is racing allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does track meet ASTM Standard F-2007-12?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are track rules clearly & prominently posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How many attendants in place during operation?	#	Are they trained in CPR/First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are tracks indoor or outdoor?	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	If Indoor, describe air quality controls:	
Does the track have a continuous containment area in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are the minimum height and age requirements?	Height:	Age:	
Are safety belts required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are Go Karts equipped with roll bars & bumper guards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are proper signs in place for instruction & enforcement of participants' clothing & hair restraints?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is gasoline stored in compliance with NFPA and local Fire Marshall standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please provide specific storage details:	
Are fire extinguishers located in the pit/refueling/track area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>GOLF DRIVING RANGES</b>			
What is the number of driving stalls?	#	Are restricted areas marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there partitions between tee boxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the number of people in a stall restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other attractions exposed in the driving range?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe:	
Do you sponsor professional tournaments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Pro:	<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor
<b>INFLATABLES</b>			
Please attach a detailed list of all inflatables to be used. Include name, manufacturer, description, brochures and photos.			
Will inflatables be set up indoors or outdoors?	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	If outdoors, is the ground level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many attendants are stationed at each inflatable?	#	Age:	If under 18, please describe experience, supervision
Describe the quality controls measures for inflatables: Include # of checks, inspections, log maintenance, warning labels and safety instructions etc.			
Are weight and age limits posted and enforced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please provide details:	
Are participants of similar size and ability grouped together when necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please provide details:	
Describe controls used to limit participants on single user rides – slides, etc.:			
Are inflatables ever rented to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:	
<b>LASER TAG</b>			
What is the square footage of the arena?	#	Describe the arena: any ramps, steps, barriers?	
How many attendants in place during operation?	#	Are they trained in CPR/First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the maximum number of players allowed in arena?	#		
Are instructions, safety procedures & training given to players?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:		
What are the minimum height and age requirements?			
<b>MINATURE GOLF COURSES</b>			
How many courses on premises?	#	How many holes per course?	#
Who is the course manufacturer?			



Is there a non-skid surface on all walkways?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are walkways lighted and marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all moving parts guarded and maintained for players?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do all electrical attachments have ground fault interrupters??	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PAINTBALL – A copy of the Waiver/Release is Required</b>			
What Is the square footage & number of field(s)?	#	Ratio of judges to players?	
Describe the field in detail: indoor, outdoor, any ramps, steps, barriers, fencing, netting, boundary markings?			
List protective gear provided to players or required if they bring their own:			
Does equipment including netting meet ASTM standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:		
Is the velocity tested on equipment & players own equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:		
Do you sponsor or hold special events or tournaments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide details:	
What are the minimum height and age requirements?			
What's the maximum number of players in the field?	#	Are players separated by age/experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are spectators properly protected from the paintball field?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:		

Are instructions, safety procedures & training posted and provided to players?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:		
How many attendants in place during operation?	#	Are they trained in CPR/First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ROCK WALLS – A copy of the Waiver/Release is Required</b>			
How many rock walls at location?	#	Is the rock wall:	<input type="checkbox"/> Permanent <input type="checkbox"/> Portable Height of Wall:
Who is the manufacturer?	Does the rock wall meet CWIG (Climbing Wall Industry Group) standards? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:		
Is the rock wall indoors or outdoors?	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	If outdoors, is the ground level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many attendants are stationed at rock wall?	#	Age:	If under 18, please describe experience, training, supervision, etc.
Describe the safety measures for the rock wall: Include check in process, climbing requirements, belay system, cable replacement, inspections, log maintenance, warning signs and safety instructions, employee training etc.			
Are weight and age limits posted and enforced?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide details:		
Are participants of similar size and ability grouped together when necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide details:		
How many climbers are allowed on the wall at any one time?	#		





### Required Information for a Quote

**Please be sure the following items are completed in their entirety and attached to the application as applicable:**

1. The Family Entertainment Center Application & Supplemental Applications as required	<input type="checkbox"/>
2. List of all amusement rides and identify which have been manufactured or retrofitted by you	<input type="checkbox"/>
3. Detailed list of all inflatables including manufacturer, description, brochures, photos	<input type="checkbox"/>
4. Special event schedule for upcoming year if applicable	<input type="checkbox"/>
5. Copy of expiring insurance policy	<input type="checkbox"/>
6. Copy of safety program and training guide for employees	<input type="checkbox"/>
7. Copy of any lease agreements	<input type="checkbox"/>
8. Copy of all subcontractor agreements including certificates of insurance naming the Fair as an additional insured (liquor, pyrotechnics, security, etc.)	<input type="checkbox"/>
9. Copy of written emergency evacuation procedures	<input type="checkbox"/>
10. 5 Year Hard Copy Loss Runs – currently valued	<input type="checkbox"/>

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

**I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
Signature of Owner, Partner, Member, Principal, or Officer  
Authorized to Sign as Applicant

\_\_\_\_\_  
Applicant's Printed Name:

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_ License#: \_\_\_\_\_



**THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.**

## **STATE SPECIFIC FRAUD WARNINGS**

### **GENERAL STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation 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 subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

### **APPLICABLE IN COLORADO**

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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **APPLICABLE in THE DISTRICT OF COLUMBIA**

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### **APPLICABLE IN FLORIDA**

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

### **APPLICABLE IN HAWAII**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **APPLICABLE IN KANSAS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

### **APPLICABLE IN MINNESOTA**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **APPLICABLE IN NEW HAMPSHIRE**

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 is guilty of a crime and may be subject to fines and confinement in prison.

### **APPLICABLE IN OHIO**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **APPLICABLE IN OKLAHOMA**

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### **APPLICABLE IN VERMONT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

### **APPLICABLE IN WASHINGTON**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.