



Family Entertainment Center Liability Insurance Application

SpecialtyInsuranceSC.com

PROPOSED EFFECTIVE DATE (REQUIRED) ____/____/____ **CURRENTLY INSURED? YES** ____ **NO** ____

APPLICANT (LEGAL NAME OF BUSINESS) _____ COMPANY TYPE (SOLE PROP, CORP, LLC, ETC) **REQUIRED** _____

MAILING ADDRESS (Street/City/State/Zip) _____ WWW. _____
FACILITY WEBSITE _____

FACILITY OWNER/OPERATOR _____ MOBILE/DAYTIME PHONE _____ EMAIL ADDRESS _____

PHYSICAL ADDRESS OF FACILITY (Street/City/State/Zip) _____ BUSINESS PHONE _____

1. FEIN _____
2. Operating Season of Park/Facility _____ to _____ # of Off-Season Events _____
3. Are you a member of a Trade Association? Yes ____ No ____
If yes, name of Trade Association _____

UNDERWRITING INFORMATION:

4. Sq.Ft. Bldg. Area? _____ Total Acreage of Facility? _____
5. Patron Admission Costs? Adults \$ _____ Child \$ _____ Discount \$ _____
Please provide the following from your most recent operating season:
Projected Admissions? _____ Actual Prior Year? _____
Paid Admission Receipts? _____ Parking Receipts? \$ _____
6. Number of Years in Operation? _____
7. Has business been in continual operation for last two years? Yes ____ No ____
8. Total # of Employees? _____ # of Full-time Employees _____ # of Part-time Employees _____
9. Annual Payroll? \$ _____

PRIOR INSURANCE COVERAGE:

10. Name of current insurance carrier? _____ Premium Amount \$ _____
11. Have you had any claims reported/losses within the past three years? Yes ____ No ____
12. If yes, please provide details of any loss in excess of \$10,000: _____

13. Has any insurance carrier terminated coverage or declined your renewal? Yes ____ No ____

PREMISES/OPERATIONS:

14. Does the facility have copies of and adhere to ASTM (American Society for Testing and Materials) standards for all applicable rides and devices? Yes ____ No ____
15. Are documented pre-opening inspections and regularly scheduled preventative maintenance inspections performed per ASTM-F853 standards as well as the ride manufacturers' specifications? Yes ____ No ____
16. Is fencing around the entire perimeter of each ride to restrict unauthorized access? Yes ____ No ____
17. Are safety, warning, and instructional signs in place at each ride/attraction? Yes ____ No ____
18. Are there any water hazards or unfenced bodies of water on your premises? Yes ____ No ____

19. Have any of your rides or attractions been manufactured and/or retrofitted by you? Yes___ No___
If yes, please provide a list of the rides or attractions with a description of the changes made: _____
-
20. Is there a swimming pool on the premises? Yes___ No___
If yes, please describe type of pool and activities involved: _____
21. Do you sponsor any sporting or social events? Yes___ No___
If yes, please provide a list of each event including description and brochure (if available).
22. Do you sponsor any type of competition? Yes___ No___
If yes, please explain: _____
23. Do you provide any live entertainment? Yes___ No___
If yes, please explain: _____
24. Do you have any indoor/outdoor special events where 250 or more spectators are present? Yes___ No___
If yes, include dates, number of people and type of event: _____
25. Do you maintain grandstands? Yes___ No___
If yes, are any over 15 years old? Yes___ No___
Seating capacity? _____ Construction? _____
26. Does the park/facility conduct fireworks display? Yes___ No___
If yes, please complete the Pyrotechnics Supplemental Questionnaire.
27. Does the facility contain any of the following:
- | | |
|-----------------|--------------|
| Ice Skating? | Yes___ No___ |
| Roller Skating? | Yes___ No___ |
| Hang Gliding? | Yes___ No___ |
| Parasailing? | Yes___ No___ |
| Parachuting? | Yes___ No___ |
28. Is playground equipment present? Yes___ No___
If yes, please provide a list of playground attractions: _____
29. Describe types of food sold: _____
30. Are food operations handled by? Insured _____ Subcontractor _____
If handled by subcontractor, are certificates of insurance required naming you as an Additional Insured? If yes, please include copies of certificates. Yes___ No___
31. Are cooking facilities with grills and deep fat frying present? Yes___ No___
32. Are these areas protected by a fire suppression system? Yes___ No___
33. Do you have a contract for maintenance of the flues and systems on a regular basis? Yes___ No___
34. Please provide the following information concerning your parking areas:
- | | |
|---|--------------|
| Do you have valet parking? | Yes___ No___ |
| Does your parking area have a hard, smooth surface? | Yes___ No___ |
| If open after dark, are your parking areas lighted? | Yes___ No___ |
| Does security patrol your parking areas? | Yes___ No___ |
35. Are buses or trams used on the premises? Yes___ No___
Do you have a written loading/unloading procedure? Yes___ No___
What are the qualifications required of the driver? _____
36. Do you provide transportation for patrons off premises, i.e. to hotels or motels? Yes___ No___
37. Are all curbs, steps and ledges highlighted? Yes___ No___
38. Does your facility comply with current standards set by the American with Disabilities Act? Yes___ No___
39. Does applicant own any other commercial property? Yes___ No___
If yes, please explain: _____
40. Do you provide a nursery or babysitting service? Yes___ No___
If yes, please describe and complete the Abuse and Molestation Supplemental Questionnaire.
41. Do you have a written fire, disaster evacuation plan? Yes___ No___
42. Will each attraction be supervised by an attendant or attendants? Yes___ No___
If no, please explain: _____
43. Are you contemplating any structural alterations, new construction, or demolition? Yes___ No___
If yes, please provide explanation: _____

LIFE SAFETY INFORMATION:

44. Describe the medical response system in place: _____
45. Is there someone on premises at all times that is certified in First Aid or CPR? Yes___ No___
46. Does the park/facility have a AED on site? Yes___ No___
47. Is there someone trained and certified in AED usage on premises at all times? Yes___ No___
48. Distance to nearest hospital? _____ Time by Air? _____
49. Distance to nearest fire station? _____ Staffed by? Professionals _____ Volunteers _____
50. Is there a fire alarm system on site? Yes___ No___
51. Are fire extinguishers easily accessible in all buildings? Yes___ No___
 Are they checked: Monthly _____ Annually _____ Other (please specify) _____
 Do you have at least one fire extinguisher for each attraction or building? Yes___ No___
 Do all indoor facilities comply with all local life-safety codes? Yes___ No___
52. Are exits from premises well marked? Yes___ No___
 How many exits from the premises? _____
 Is there an emergency lighting system on premises and in building? Yes___ No___
53. Are there smoking and non-smoking areas and are they clearly identified? Yes___ No___
54. Is there a back-up emergency electrical power source for lights/communications? Yes___ No___
 If yes, please describe: _____
55. Do you have a full-time Safety Manager? Yes___ No___

SECURITY:

56. Number of security personnel on staff? _____ On Premises? _____ Off Premises? _____
57. Does any security personnel carry a firearm as part of their equipment while on duty? Yes___ No___
 If yes, number of armed security personnel: _____
58. Are the security persons employed or contracted by the park? _____ Employed _____ Contracted
59. What are the staffing guidelines per number of patrons? _____
60. Are the guidelines determined by? _____ Ordinance _____ Statute

Please provide information for any of the following attractions at your Family Entertainment Center:

ARCADES, BATTING CAGES, GO KARTS, BILLIARDS, BOWLING, BUMPER BOATS, BUMPER CARS, GOLF DRIVING RANGES, INFLATABLES, KIDDIE RIDES, LASER TAG, MINIATURE GOLF COURSE AND ROCK WALLS

OPERATION EXPOSURES	PLEASE COMPLETE	ANNUAL RECEIPTS
COIN-OP AMUSEMENT EQUIPMENT	Do you have an arcade? Yes___ No___ Type Games: _____ Do you have any interactive games? Yes___ No___ How many? _____ Equipment is: _____ Owned _____ Leased Are machines properly grounded? Yes___ No___ Number of Attendants? _____ Non-slip, non-conductive floor covering? Yes___ No___ Provide your own maintenance on equipment? Yes___ No___	
BATTING AND/OR PITCHING CAGES	How many? _____ Minimum age of participants? _____ Number of Attendants? _____ Batting helmets required? Yes___ No___ Are participants at least 8 years old? Yes___ No___ Number allowed in batting cage at one time? _____ Cages enclosed? Yes___ No___ Non-skid surface? Yes___ No___ Settings on pitching machines secured? Yes___ No___ Daily accuracy and maintenance checks made? Yes___ No___ Reduced Injury Factor (RIF) baseballs used? Yes___ No___ Maximum speed? _____ Is safety, warning, and instructional signage posted on every batting cage entrance? Yes___ No___ Are areas clearly marked for left-handed and right-handed batters? Yes___ No___ Are home plates clearly marked and secured to the ground? Yes___ No___ Do participants stand on a non-skid surface? Yes___ No___	

OPERATION EXPOSURES	PLEASE COMPLETE	ANNUAL RECEIPTS
GO KARTS	Number of Go Karts single seated? _____ Double seated? _____ Number of Tracks? _____ Maximum speed? _____ Length of track(s)? _____ Fenced? Yes ___ No ___ Are tracks indoor or outdoor? Indoor _____ Outdoor _____ If indoor, please describe the air quality controls in place: _____ Does the track have a continuous containment system in place and is it appropriately secured? Yes ___ No ___ Manufacturer of go karts? _____ Number of go karts on track at once? _____ Minimum age? _____ Minimum height? _____ Are governors installed to control speed? Yes ___ No ___ Remote control shut down system? Yes ___ No ___ Helmets? Yes ___ No ___ Equipped with roll bars and bumper guards? Yes ___ No ___ Seat belts required? Yes ___ No ___ Any racing allowed? Yes ___ No ___ Track rules clearly and prominently posted? Yes ___ No ___ Is proper signage and enforcement of loose clothing and hair restraints in place? Yes ___ No ___ Gasoline stored away from track area? Yes ___ No ___ Are fire extinguishers located in the pit/refueling/track areas? Yes ___ No ___ Distance between refueling area and track? _____ Spectators clearly separated from track? Yes ___ No ___ Are waivers signed? Yes ___ No ___ How many attendants on duty during operations? _____	
BILLIARDS	Number of billiard and/or pool tables? _____ Are tournaments permitted? Yes ___ No ___ Are there attendants in the billiard and pool playing area? Yes ___ No ___ Do participants stand on a non-slip surface? Yes ___ No ___	
BOWLING	Number of Lanes? _____ Lane Finish: Laquer ___ Polyurethane ___ Urethane ___ Water Based ___ Do you contract lane refinishing? Yes ___ No ___ Are ball racks secured to the floor? Yes ___ No ___ Are flammable liquids stored on premises? Yes ___ No ___ Percent of business from: League Activity ___% Open Play ___% Do you sponsor any professional tournaments? Yes ___ No ___ Do you have a Pro-Shop on premises? Yes ___ No ___ Is your Pro an Employee ___ or Independent Contractor ___ If an Independent Contractor, do they provide proof of insurance naming you as an Additional Insured? Yes ___ No ___	
BUMPER BOATS	Are operators required to be at least 10 years old or taller than 48"? Yes ___ No ___ Is the depth of the water less than 4 feet? Yes ___ No ___ Is the height of observation fence between 4 and 5 feet tall? Yes ___ No ___ Are attendants certified in First Aid or CPR? Yes ___ No ___ How many attendants are there during operations? _____ Are the propellers on the motor protected? Yes ___ No ___ If yes, how? _____ Does gasoline storage meet NFPA and local Fire Marshall standards and Laws? Yes ___ No ___ Are more than 100 gallons of gasoline stored on the premises? Yes ___ No ___ Where are boats refueled? _____ How many bumper boats? _____ Who manufactured the bumper boats? _____	

OPERATION EXPOSURES	PLEASE COMPLETE	ANNUAL RECEIPTS
BUMPER CARS	Are operators required to be at least 10 years old or taller than 48"? Yes ___ No ___ Who manufactured the bumper cars? _____ Number of bumper cars? _____ Are bumper cars equipped with a dash pad and headrest pad? Yes ___ No ___ Are bumper cars inspected daily? Yes ___ No ___ Are seat belts required? Yes ___ No ___ If no, please explain: _____ How many attendants are there during operations? _____ Are rider instructions posted and enforced? Yes ___ No ___ Are spectators restricted from floor area while bumper cars are in motion? Yes ___ No ___ If no, please explain: _____	
GOLF DRIVING RANGES	Number of driving stalls? _____ Are restricted areas marked? Yes ___ No ___ Are there partitions between tee boxes? Yes ___ No ___ Is the number of people in a single tee box restricted to one? Yes ___ No ___ Are there any other attractions exposed in the driving range? Yes ___ No ___ If yes, what attraction: _____	
INFLATABLE/BOUNCE PLAY/SOFT PLAY	Provide detailed descriptions of the inflatable(s) to be used (list name, manufacturer, description and, if possible, provide brochures, pictures or internet address): _____ _____ _____ Will inflatable(s) be set up indoors or outdoors? Indoor _____ Outdoor _____ Is the inflatable set up on flat ground? Yes ___ No ___ How many attendants at each inflatable? _____ Are all attendants over the age of 18? Yes ___ No ___ If no, please describe: _____ Describe attendants' responsibilities: _____ How often is the inflatable checked and inspected? _____ Do you keep a maintenance or inspection log? Yes ___ No ___ Explain the emergency plan in case of unplanned deflation: _____ _____ Describe the plan for weather emergencies (e.g. rain and/or high winds), if outdoors: _____ How are weight/age limitations enforced? _____ Are inflatable rides of similar size and ability grouped together? Yes ___ No ___ With regard to inflatable rides that allow riders to participate one at a time (e.g. a slide), what is the guideline for letting the next participant go? _____ _____ Will the inflatable have permanently attached warning labels and safety instructions? Yes ___ No ___	
ATTENDANT OPERATED OR KIDDIE RIDES	Are all rides in full compliance with ASTM-24 standards? Yes ___ No ___ Name of Ride: _____ Serial Number: _____ Manufacturer: _____ _____ _____ _____ Any coin operated rides? Yes ___ No ___ If yes, please explain: _____	

OPERATION EXPOSURES	PLEASE COMPLETE	ANNUAL RECEIPTS
LASER TAG	What is the arena square footage? _____ Do you have ramps? Yes____ No____ Do you have steps? Yes____ No____ Maximum number of players in arena at one time? _____ Ratio of judges to players? _____ Are participants separated by age or experience? Yes____ No____ Are instructions given prior to entering the area? Yes____ No____	
MINIATURE GOLF COURSE	Who is course manufacturer? _____ Are walkways marked and lighted? Yes____ No____ Is there a non-skid surface on all walkways? Yes____ No____ How many miniature golf courses on premises? _____ How many holes per course? _____ Are moving parts on golf course holes safely guarded and maintained for patrons? Yes____ No____ Do you have ground fault interrupters for all electrical attachments to golf holes? Yes____ No____	
ROCK WALL	Where will the rock wall be set up? _____ Is the rock wall set up on flat ground? Yes____ No____ Is the rock wall permanent or portable? Permanent _____ Portable _____ If portable, will it be used off premises? Yes____ No____ If yes, please explain: _____ How many attendants at the rock wall? _____ Are all attendants over the age of 18? Yes____ No____ If no, please describe: _____ Describe attendants' responsibilities: _____ Who is the manufacturer of the rock wall? _____ Does the rock wall include an auto belay system? Yes____ No____ How often is the rock wall checked and inspected? _____ Do you keep a maintenance or inspection log? Yes____ No____ Is the cable replacement date verified and current? Yes____ No____ How are weight/age limitations enforced? _____ How many people are allowed on the rock wall at one time? _____ Will the rock wall have permanently attached warning labels and safety instructions? Yes____ No____ Will your employees receive formal training on the safe operation of the rock wall? Yes____ No____ Do climbers have to sign a waiver/release of liability prior to climbing? Yes____ No____	
ROOM RENTALS	Type:	
GIFT/ PRO-SHOP	Describe Items Sold:	
OTHER	Description of Operations:	
OTHER	Description of Operations:	

OPERATION EXPOSURES	PLEASE COMPLETE	ANNUAL RECEIPTS
OTHER	Description of Operations:	
FOOD OPERATIONS/ CONCESSION	Describe types of food sold: _____ Food operations handled by: Insured _____ Sub-Contractor _____ If handled by subcontractor, are certificates provided naming facility as Additional Insured? Yes ___ No ___ If yes, enclose copy of certificate. Is there a deep fryer? Yes ___ No ___ Is there a grill? Yes ___ No ___ Is there an automatic extinguishing system? Yes ___ No ___ Prepackaged snacks? Yes ___ No ___ Alcoholic beverages? Yes ___ No ___	

How did you hear about us? ___ Magazine ___ Internet ___ Agent ___ Field Operator ___ Other

Do you own or lease the premises? Lease ___ Own ___ **If leased, the following information is required:**

Landlord/Additional Insured Information (Required for "Additional Insured" Certificates of Insurance).

Name of Land Owner Complete Address Insurable Interest (e.g. Landlord)

THIS IS NOT A BINDER OF COVERAGE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

The applicant declares that to the best of their knowledge the information contained in the application is true and that no material facts have been suppressed or mis-stated. The applicant understands that incorrect or incomplete statements of information could void their protection. Any person who knowingly and with the intent to defraud any insurance company or other person, who files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

I represent that I have made or will make the necessary maintenance inspections certifying that all normal, necessary repairs have been made in so far as providing continuous protection for patrons and participants and that my property and operations are in compliance with any underwriting criteria furnished me.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Signature of Applicant

Date

Title

Send completed form to: Specialty Insurance LLC
 3620 Pelham Road #383
 Greenville, SC 29615
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 (864) 458-8371 Fax
cturner@specialtyinsurancesc.com or bobbysharp@specialtyinsurancesc.com