



AMUSEMENT SUPPLEMENT APPLICATION

(Include Acord Application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____

Fax: _____

- 1) Is applicant properly licensed where required by law? Yes No License Number _____
- 2) Does applicant operate on a seasonal basis? Yes No
- 3) Are signs clearly posted with rules of conduct, height requirements, and size limitations? Yes No
- 4) Is there a refreshment stand? If yes, receipts: \$ _____ Yes No

Schedule of amusement devices or rides

| Name & Type | Age | Manufacturer | Description | Maximum Operating Speed | Attendant/ Employee Present | |
|-------------|-----|--------------|-------------|-------------------------|-----------------------------|----|
| | | | | | Yes | No |
| | | | | | Yes | No |
| | | | | | Yes | No |
| | | | | | Yes | No |
| | | | | | Yes | No |
| | | | | | Yes | No |

Please detail any "yes" answers to the following questions below.

- 5) Are attendants on duty during all operating times? Yes No
- 6) Are maintenance logs kept on each device or ride? Yes No
- 7) Are any devices or rides mounted on trailers? Yes No
If yes, list radius of operations/type of device.
- 8) Are devices and rides regularly inspected? Yes No
If yes, are these inspections performed by properly licensed entities where required? Yes No
- 9) Does applicant have a training program for its employees? Yes No
- 10) Any multi-level driving ranges? Yes No
- 11) Any firework or pyrotechnic exposure? Yes No
- 12) Any animal rides or animal exposure? Yes No
- 13) Are any devices available for rent/lease? Yes No
Please list and explain devices: _____
- 14) Does lease agreement contain hold harmless in applicant's favor? Yes No

Details:

Attach a copy of the lease agreement.

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

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

Applicant: _____ Producer: _____

Signature: _____ Date _____ Signature: _____ Date _____