



FAMILY ENTERTAINMENT CENTER INFORMATION FORM

Date: _____

Named Insured (as it is to appear on the policy): _____

Doing business as: _____

Mailing address: _____

Physical address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail address: _____ Web site address: _____

Insured is: Corporation Partnership Individual Joint Venture Other: _____

Owner/President: _____ Vice President: _____

Years in business: _____

Proposed effective dates: _____ Expiration: _____

Operating Season: _____ To: _____

Hours of Operation: _____ To: _____

Interest in Premises: _____ % Occupied _____ # Stories _____

Other Occupancies: _____

Do you have a diagram or brochure of the premises? Yes No (please attach)

Do you have a formal operations/training guide? Yes No (please attach)

Are alcoholic beverages sold? Yes No (please attach completed Liquor Application)

Trade Associations which Insured belongs to: _____

Prior Insurance Carrier: _____ Premium: _____

Has insurance ever been: Cancelled Declined Non-Renewed

If yes, explain: _____

GL EXPOSURE INFORMATION

COVERAGE

Liability

\$1,000,000

\$2,000,000

\$5,000,000

LIMITS DESIRED

Deductible: \$2,500

\$5,000

Additional Insureds/Address/Relationship: _____

List all Losses in the Past 5 Years:

<u>Date of Loss</u>	<u>Type & Description of Claim</u>	<u>Amount Incurred</u>	<u>Date Closed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INFORMATION

Total Gross Receipts: _____ # Annual Admissions: _____

Max. Capacity of Facility: _____ Max. Capacity of Parking Lot: _____

Describe Parking Facilities & Parking: _____

Describe Security (armed/unarmed): _____

Is Security present during open hours? Yes No Closed Hours? Yes No

Employees or Sub-contracted out employees? (list sub-contractor) _____
(attach certificate if sub-contracted)

Do you provide Baby-sitting/Day Care? Yes No Child-to-Attendant Ratio: _____

Please explain service, and qualifications of attendants: _____

Describe First Aid facilities: _____

Number of employees certified in CPR: _____

Minimum # of CPR Trained Employees on duty at any time: _____

Name of Responding Fire Hall: _____

Distance to Fire Department/Response Time: _____

Closest Fire Hydrant: _____ ft. No. of extinguishers on premises: _____

Smoke/Fire Alarm Types (local/central station): _____

Distance to Ambulance/Response Time: _____

Emergency Lighting: Yes No

Physical Security (alarms/dead bolts/fencing, etc.): _____

Do you host special events such as concerts or fireworks displays? Yes No

(If yes, please fill out Special Events Supplemental application and/or Pyrotechnics application and attach)

List all the rides/attractions/areas at your park and the number of units applicable (# karts/holes/games/etc.)

RIDE / ATTRACTION / AREA / ACTIVITY	# UNITS	RECEIPTS

Frequency of attraction self-inspection: _____ Documented: Yes No
 Instructional signage posted for each attraction? Yes No
 If yes, please describe, and attach photo showing signage at each attraction: _____

ATTRACTION INFORMATION

ARCADE / GAME ROOM

of UNITS: _____ Receipts: \$ _____ # of Attendants: _____
 Does the Insured own or lease games? _____
 Who provides service/maintenance on machines? _____
 Type of floor covering: _____ Frequency of Maintenance: _____
 Are all machines properly grounded? Yes No

BATTING CAGES

of UNITS: _____ Receipts: \$ _____ # of Attendants: _____
 Manufacturer: _____ Oldest unit: _____
 Minimum age of participants: _____ # of participants allowed in cage at one time? _____
 Are helmets required? Yes No Are cages completely closed? Yes No
 Are areas clearly marked for right or left handed batters? Yes No
 Are Home plates clearly marked? Yes No
 Can participants alter settings on the pitching machines? Yes No
 Maximum speed for ages under 12? _____ Maximum speed for ages 12 and over? _____

BILLIARDS

of UNITS: _____ Receipts: \$ _____ # of Attendants: _____
 Manufacturer: _____ Oldest unit: _____
 Coin-operated or rented? _____ Floor surface: _____
 Tournaments? Yes No

BUMPER BOATS

of UNITS: _____ Receipts: \$ _____ # of Attendants: _____

Manufacturer: _____ Oldest unit: _____

Age/Height Requirements: _____

Depth of water? _____ Depth marked on side of pool? Yes No

Coloured dye in water? Yes No

Height of observation fence: _____ How are propellers protected? _____

Gas or battery powered? _____ Life jackets worn by all participants? Yes No

Amount of gas on premises? _____ How is it stored? _____

Where are boats refuelled? _____

Number of attendants CPR certified: _____ First Aid certified: _____

BUMPER CARS

of UNITS: _____ Receipts: \$ _____ # of Attendants: _____

Manufacturer: _____ Oldest unit: _____

Age/Height Requirements: _____

Are cars equipped with a dash/steering wheel pad? Yes No Headrest pad? Yes No

Are seat belts required? Yes No If no, please explain: _____

How is public restricted from floor area while cars are in motion? _____

CONCESSIONS

of STANDS: _____ Receipts: \$ _____ Square Footage: _____

Describe goods sold: _____

Are food operations handled by insured or sub-contractor? _____
(attach certificate)

Is there a grill? Yes No Is there a deep fryer? Yes No

If there is a deep fryer, is there a CO₂ system which is regularly maintained? Yes No

Is there an automatic ansul system protecting cooking/frying surfaces? Yes No

Hoods/ducts cleaned by contractor? Monthly Quarterly

GOLF DRIVING RANGES

of STALLS: _____ Receipts: \$ _____ # of Attendants: _____

Are restricted areas marked? Yes No Restricted to one person per box? Yes No

Describe partitions between tee boxes: _____

Levels: _____ Other attractions exposed to range? _____

GO KARTS (Concession)

Single Karts: _____ # Double Karts: _____ # Tracks: _____ Receipts: \$ _____

Attendants: _____ # Extinguishers/Type: _____

Where are attendants and extinguishers located? (please attach diagram and mark placement)

Age/Height Requirements: _____

Maximum speed of karts: _____ Are governors installed? Yes No

Maximum number of karts on track at one time? _____

Manufacturer: _____ Oldest unit: _____

Are seat belts required? Yes No If no, please explain: _____

Are helmets required? Yes No Roll bars? Yes No Bumper Guards? Yes No

Are helmets always checked by attendants? Yes No

Describe Remote Control device for shut down: _____

Amount of gas on premises: _____ How is it stored? _____

Are all engines covered to keep obstacles out and to prevent injuries to riders? Yes No

Type of track surface: _____ Length of track: _____

Describe guardrail protection: _____

Is Double Riding allowed? Yes No Padded Steering Wheel? Yes No

Is there a headrest support? Yes No

GO KARTS (Corporate)

Single Karts: _____ # Double Karts: _____ # Tracks: _____ Receipts: \$ _____

Attendants: _____ # Extinguishers/Type: _____

Where are attendants and extinguishers located? (please attach diagram and mark placement)

Age/Height Requirements: _____

Maximum speed of karts: _____ Are governors installed? Yes No

Maximum number of karts on track at one time? _____

Manufacturer: _____ Oldest unit: _____

Are seat belts required? Yes No If no, please explain: _____

Are helmets required? Yes No Roll bars? Yes No Bumper Guards? Yes No

Are helmets always checked by attendants? Yes No

Describe Remote Control device for shut down: _____

Are all engines covered to keep obstacles out and to prevent injuries to riders? Yes No

Type of track surface: _____ Length of track: _____

Describe guardrail protection: _____

Is Double Riding allowed? Yes No Padded Steering Wheel? Yes No

Is there a headrest support? Yes No Are waivers signed by all participants? Yes No

GO KARTS (Kiddie/Baby Karts)

Single Karts: _____ # Double Karts: _____ # Tracks: _____ Receipts: \$ _____

Attendants: _____ # Extinguishers/Type: _____

Where are attendants and extinguishers located? (please attach diagram and mark placement)

Age/Height Requirements: _____

Maximum speed of karts: _____ Are governors installed? Yes No

Maximum number of karts on track at one time? _____

Manufacturer: _____ Oldest unit: _____

Are seat belts required? Yes No If no, please explain: _____

Are helmets required? Yes No Roll bars? Yes No Bumper Guards? Yes No

Are helmets always checked by attendants? Yes No

Describe Remote Control device for shut down: _____

Are all engines covered to keep obstacles out and to prevent injuries to riders? Yes No

Type of track surface: _____ Length of track: _____

Describe guardrail protection: _____

Is Double Riding allowed? Yes No Padded Steering Wheel? Yes No

Is there a headrest support? Yes No

KIDDIE RIDES

of UNITS: _____ Receipts \$ _____ # of Attendants _____

Are all rides in full compliance with current standards? Yes No

When were they last inspected and by whom? _____

Schedule: (indicate if coin operated)

NAME OF RIDE	MANUFACTURER	SERIAL #

MINIATURE GOLF

Total # of Holes: _____ # of Courses: _____ Receipts \$ _____ # of Attendants _____

Manufacturer: _____ Oldest unit: _____

Are walkways marked and lighted? Yes No

What is the surface of the walkways? _____

Describe water hazards: _____

Number of course structures equipped with moving parts: _____

Is access by public limited? Yes No

Are lights covered and protected? Yes No Are ground fault interrupters in place? Yes No

SOFT PLAY / BALL CRAWL / PLAYGROUND (Please attach photos of each if applicable)

Manufacturer: _____ Age of Equipment: _____

How is equipment anchored? _____

Type of floor covering: _____

Will each attraction be supervised by an attendant? Yes No

Number of employees supervising play area: _____

Is there a set ratio of attendants to children? Yes No Please explain: _____

How often are maintenance checks done? _____

Is Insured allowed to deviate from manufacturer's recommendations for assembly? Yes No

How often is the attraction cleaned/disinfected by staff? _____

Instructional/safety signage posted? Yes No If yes, please describe, and attach photo showing signage at each attraction:

What is the minimum age restriction, if any? _____ Maximum age? _____

What is the minimum height restriction, if any? _____ Maximum height? _____

**NOTE: APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT.
COVERAGE WILL NOT BE QUOTED WITHOUT THE APPLICANT SIGNATURES.**

I UNDERSTAND THAT JONES BROWN INC. FOR THE INSURING COMPANY, IS PERMITTED, BUT NOT OBLIGATED, TO SURVEY OUR PROPERTY AND OPERATIONS FOR UNDERWRITING AND/OR LOSS CONTROL PURPOSES AT ANY TIME. I ALSO UNDERSTAND THAT, BY MAKING AN UNDERWRITING AND/OR LOSS CONTROL SURVEY, OR PROVIDING ANY REPORT OF RECOMMENDATIONS, JONES BROWN IS NOT UNDERTAKING, ON BEHALF OF, OR FOR OUR BENEFIT (OR OTHERS), TO DETERMINE WHETHER OUR PROPERTY OR OPERATIONS ARE SAFE, OR IN COMPLIANCE WITH ANY STANDARDS, RULES OR REGULATIONS. UNDERWRITING AND/OR LOSS CONTROL SURVEYS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, UNDERWRITING AND SEEKING TO REDUCE CLAIMS AGAINST INSURANCE AND ARE NOT FOR THE BENEFIT OF ANY INSURED OR THIRD PARTY. I UNDERSTAND AND ACKNOWLEDGE THAT WE, THE INSURED, ARE SOLELY RESPONSIBLE FOR THE SAFETY OF OUR PROPERTY AND OPERATIONS, AND WE SHALL NOT REPLY UPON UNDERWRITING AND/OR LOSS CONTROL SURVEYS OR ACTIVITIES TO DETERMINE THE SAFETY OF OUR PROPERTY OR OPERATIONS AND WE SHALL NOT DIMINISH OR FOREGO OUR OWN SAFETY PRACTICES AND PROCEDURES IN RELIANCE UPON ANY JONES BROWN INC. SURVEY.

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED. ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF ANY POLICY, SHOULD A POLICY BE ISSUED AS A RESULT OF THIS APPLICATION. THE APPLICATION SHALL BE DEEMED A SCHEDULE TO SUCH POLICY, BUT THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER UNLESS AND UNTIL A POLICY OF INSURANCE IS ISSUED IN RESPONSE TO THIS APPLICATION.

Signature

Date

By signing above, I authorize Jones Brown Inc., in accordance with provincial regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.