



APPLICATION FOR: Amusement/Family Entertainment Center (FEC)

Email: rgerbers@aliverisk.com or tbillig@aliverisk.com

Notice: The Policy for which this Application is made, subject to its terms, applies only to any Claim (as applicable in the Coverage Section for which Application is made) made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Costs, Charges and Expenses (as defined in the Coverage Section for which Application is made), and Costs, Charges and Expenses shall be applied to the retentions. Submission of this Application does not guarantee coverage.

SECTION I. SUBMISSION REQUIREMENTS

- Completed & Signed Alive Risk Supplemental and ACORD 125 & 126 Applications
5 Years Loss Runs - Currently valued
Copy of current waivers
Copy of Employee Training, Safety, and Maintenance Manuals
Copy of Daily Maintenance Checklist/Logs
Copy of Incident Report Form
Website information, brochures and/or photos, of each attraction
Copy of any existing State Certifications and/or Inspections
Ownership Breakdown, Experience and/or Resume
Certificate of Insurance from any Sub Contractor and/or Independent Contractor
Copy of all agreements including Lease Agreements, Subcontractor Agreements, etc.

SECTION II. GENERAL INFORMATION

Contact Person: Contact Person Title:

Phone No.: Fax No.:

Email: Website:

Name of Insured ("Applicant"):

DBA: Insured is Corp LLC Other:

Mailing Address:

City, State, Zip:

Premises Address:

City, State, Zip:

Is the proposed insured a subsidiary of another company? Yes No

If yes, name of parent company

Does facility comply with ADA Requirements? Yes No

Size of facility: Square Footage: Indoor: Outdoor: Acreage:

Number of years in business: Number of years under current management:

Have you used any Amusement Facility Consultant? Yes No

If yes, whom?

Proposed Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Prior Insurance Carrier: \_\_\_\_\_ Has insurance ever been canceled?  Yes  No

What is your expiring premium for General Liability? \_\_\_\_\_ Excess? \_\_\_\_\_

Limits requested? \_\_\_\_\_

What associations do you belong to? \_\_\_\_\_

Hours of operation: \_\_\_\_\_ Operating Season: \_\_\_\_\_

Are you aware of any circumstances that may result in a claim made against you?  Yes  No

If yes, please describe: \_\_\_\_\_

### SECTION III. PREMISES INFORMATION

Do you own or lease premises? \_\_\_\_\_ Other occupancies: \_\_\_\_\_

Describe parking facilities - location, lighted, sloped, etc.: \_\_\_\_\_

Describe type of security (armed/unarmed) for parking, facility, etc. : \_\_\_\_\_

If hired security, is Certificate of Insurance provided naming you as an additional insured?  Yes  No

If security is in-house, what type of training is provided? \_\_\_\_\_

Is Assumption of Risk signage present?  Yes  No

If yes, describe type, location and provide photos \_\_\_\_\_

Are waivers signed for any of the attractions?  Yes  No

If yes, which attractions? \_\_\_\_\_

Number of surveillance cameras Inside: \_\_\_\_\_ Outside: \_\_\_\_\_ Total: \_\_\_\_\_

Name of surveillance system: \_\_\_\_\_ How long do you store video? \_\_\_\_\_

Does surveillance capture waivers being signed?  Yes  No

Number of employees certified in CPR & First Aid: \_\_\_\_\_

Is there at least one employee, certified in CPR and First Aid, present at all times?  Yes  No

Describe medical facilities provided: \_\_\_\_\_

Describe how injuries and medical emergencies are handled and by whom? \_\_\_\_\_

Are there any employed nurses or physicians?  Yes  No

Are there any programs that allow overnight stays?  Yes  No

If yes, describe: \_\_\_\_\_

Any operations sold, acquired or discontinued in the last 5 years?  Yes  No

Any storage, disposing, discharging or transporting of hazardous materials?  Yes  No

If yes, describe: \_\_\_\_\_

Do ALL Attractions, Equipment and Fencing meet ASTM standards?  Yes  No

Do you sponsor any sporting, competitions or social events?  Yes  No

If yes, explain: \_\_\_\_\_

Do you host any special and/or live events?  Yes  No

If yes, describe: \_\_\_\_\_

Do you have any interest in Active Shooter coverage?  Yes  No

**SECTION IV. FINANCIAL INFORMATION** *\*Must provide current Financial Statement to verify receipts\**

**A. ATTRACTION INFORMATION: GROSS ANNUAL RECEIPTS (Current and Next Year Estimated)**

Total Gross Receipts: \_\_\_\_\_ Average Annual # of Attendance: \_\_\_\_\_

| Attraction        | Revenue | Attraction         | Revenue |
|-------------------|---------|--------------------|---------|
| Arcade/Simulators |         | Mechanical Rides   |         |
| Axe Throwing      |         | Mini-Golf          |         |
| Batting Cages     |         | Ninja Course       |         |
| Bowling           |         | Rock Wall/Climbing |         |
| Bumper Boats      |         | Roller Skating     |         |
| Bumper Cars       |         | Ropes Course       |         |
| Escape Rooms      |         | Soft Play          |         |
| Driving Range     |         | Zip Lines          |         |
| Go Karts          |         | Food               |         |
| Inflatables       |         | Liquor             |         |
| Laser Tag         |         | Merchandise        |         |
| Other             |         | Other              |         |

**PLEASE NOTE:** Our policy is a "scheduled" policy meaning that all attractions to be covered under the policy must be listed on our policy. Please list/provide any other attractions not listed above: \_\_\_\_\_

**SECTION V. OPERATIONS**

**A. ARCADES**  N/A

Number of machines: \_\_\_\_\_ Any coin-operated rides?  Yes  No

If yes, how many? \_\_\_\_\_

Any ride simulators or interactive games?  Yes  No

If yes, describe and list: \_\_\_\_\_

Are machines grounded properly?  Yes  No

Are machines owned or leased? **\*If leased, provide agreement.**  Owned  Leased

Who provides maintenance/service on machines? \_\_\_\_\_

How many attendants are present in arcade area? \_\_\_\_\_

**B. AXE THROWING**

N/A

Number of lanes: \_\_\_\_\_

Maximum distance thrown: \_\_\_\_\_

Number of range supervisors: \_\_\_\_\_

Ratio of supervisors to lanes: \_\_\_\_\_

Number of annual participants: \_\_\_\_\_

Are axe throwing lanes in compliance with IATF and WATL? \_\_\_\_\_

Yes  No

If no, please explain: \_\_\_\_\_

Do axe throwing lanes have age restrictions? \_\_\_\_\_

Yes  No

If yes, please describe: \_\_\_\_\_

Are each lane separated by barriers? \_\_\_\_\_

Yes  No

If no, please explain: \_\_\_\_\_

What type of flooring on each lane (e.g. rubber, wood)? \_\_\_\_\_

Are rules and assumption of risk signs prominently displayed? \_\_\_\_\_

Yes  No

Are participants provided lessons prior to throwing? \_\_\_\_\_

Yes  No

If yes, please describe: \_\_\_\_\_

What type of certification of range supervisors: \_\_\_\_\_

**C. BATTING CAGES**

N/A

Who is the manufacturer? \_\_\_\_\_

Minimum age of participants: \_\_\_\_\_

Number of machines: \_\_\_\_\_

Slow pitch

Fast pitch

Maximum ball speed in Slow Pitch: \_\_\_\_\_

Maximum ball speed in Fast Pitch: \_\_\_\_\_

Balls approved by manufacturer? \_\_\_\_\_

Yes  No

Are machine velocities checked or calibrated? \_\_\_\_\_

Yes  No

If yes, by whom? \_\_\_\_\_

Are records kept? \_\_\_\_\_

Yes  No

If yes, how long? \_\_\_\_\_

Are home plates clearly marked for left and right handed participants? \_\_\_\_\_

Yes  No

Can pitching machines be altered by participants? \_\_\_\_\_

Yes  No

Are helmets required? \_\_\_\_\_

Yes  No

Is there a light indicator when last ball has been pitched? \_\_\_\_\_

Yes  No

Are participants allowed to swing bats outside of batting cages? \_\_\_\_\_

Yes  No

Are ALL the rules posted on cage indicating warnings and rules? \_\_\_\_\_

Yes  No

How many supervisors are present? \_\_\_\_\_

**D. BOWLING**

N/A

Number of lanes: \_\_\_\_\_

Lane construction:  Wood

Synthetic

Lane finish

Oil Base

Water Base

Hours of operation: \_\_\_\_\_

Do you contract lane refinishing? \_\_\_\_\_

Yes  No

If yes, who is responsible? \_\_\_\_\_

**\*Provide agreement.**

How are food and drinks restricted from bowling area? \_\_\_\_\_

Are ball racks secure and anchored to the floor? \_\_\_\_\_

Yes  No

Are tables secure and anchored to the floor? \_\_\_\_\_

Yes  No

Do you sponsor any professional tournaments?  Yes  No

If yes, list organizations: \_\_\_\_\_

Do you collect Certificates of Insurance for organization listing you as an additional insured?  Yes  No

Describe Rules/Warnings/Assumption of Risk signage (including bowlers "not crossing the foul line"): \_\_\_\_\_

Do you allow patrons to bring their own wine/beer?  Yes  No

Is the pro shop run by an independent contractor?  Yes  No

If yes, do they have proof of insurance AND are you listed as an additional insured on policy?  Yes  No

Percentage of open play: \_\_\_\_\_ Percentage of league play: \_\_\_\_\_

**E. BUMPER BOATS**  N/A

Who is the manufacturer? \_\_\_\_\_

Number of boats: \_\_\_\_\_ Maximum engine horsepower: \_\_\_\_\_

Minimum age requirements: \_\_\_\_\_ Minimum height requirements: \_\_\_\_\_

Are the bumper boats completely fenced in?  Yes  No

Height of spectator fence: \_\_\_\_\_ How far away are spectators from action? \_\_\_\_\_

Describe water rescue equipment and procedures: \_\_\_\_\_

Depth of water: \_\_\_\_\_ Can you see the bottom?  Yes  No

How old is the oldest boat? \_\_\_\_\_ How are propellers protected? \_\_\_\_\_

How is gas stored? \_\_\_\_\_

Where is gas stored? \_\_\_\_\_ How far away from pool? \_\_\_\_\_

Are all Assumptions of Risk, warnings and rules clearly posted at entrance?  Yes  No

How often are boats inspected? \_\_\_\_\_ By whom? \_\_\_\_\_

Are records kept?  Yes  No If yes, how long? \_\_\_\_\_

How many staff supervisors are present? \_\_\_\_\_

Has Insured ever manufactured or retrofitted any bumper boats?  Yes  No

If yes, describe: \_\_\_\_\_

**F. BUMPER CARS**  N/A

Who is the manufacturer? \_\_\_\_\_

Number of cars: \_\_\_\_\_ Oldest car: \_\_\_\_\_

Are all cars equipped with dash, headrest and steering pads?  Yes  No

Are seat belts required?  Yes  No

How are spectators restricted from going onto the floor while cars are in motion? \_\_\_\_\_

Are Assumption of Risk, warnings and rules clearly posted at entrance?  Yes  No

Size of floor: \_\_\_\_\_

How many attendants? \_\_\_\_\_

How often are cars inspected? \_\_\_\_\_

By whom? \_\_\_\_\_

Are records kept?

Yes  No

If yes, how long? \_\_\_\_\_

**\*Provide copy of records.**

Has Insured ever manufactured or retrofitted any bumper cars?

Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

**G. DRIVING RANGE**

N/A

Number of stalls: \_\_\_\_\_

Are there partitions?

Yes  No

If yes, what is the height? \_\_\_\_\_

What is the width? \_\_\_\_\_

Construction of partition: \_\_\_\_\_

Distance between partitions: \_\_\_\_\_

Number of levels: \_\_\_\_\_

Describe safety features preventing falls from multilevel facility: \_\_\_\_\_

Do you sponsor professional and/or events with 250+ people?

Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

**H. ESCAPE ROOMS**

N/A

Number of rooms: \_\_\_\_\_

Number of players per room: \_\_\_\_\_

Describe the room scenario for each: \_\_\_\_\_

\_\_\_\_\_

Are there employee actors involved in any of the scenarios?

Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Are participants provided written safety procedures and rules?

Yes  No

Do participants sign a waiver?

Yes  No

Are participants monitored at all times?

Yes  No

Are there surveillance cameras on each room?

Yes  No

How many employee monitors per room? \_\_\_\_\_

Are any tasks physical in nature that can cause injury?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**I. GO KARTS**

N/A

Who is the manufacturer? \_\_\_\_\_

Gas  Electric

Number of tracks: \_\_\_\_\_ Number of single karts: \_\_\_\_\_ Number of double karts: \_\_\_\_\_  
Number of attendants on each track: \_\_\_\_\_ Number of karts allowed on the track at one time: \_\_\_\_\_  
Number of extinguishers: \_\_\_\_\_ Type of track: \_\_\_\_\_

Type of track surface: \_\_\_\_\_

What type of barrier system is around the track? \_\_\_\_\_

How are spectators protected from karts? \_\_\_\_\_

How far are spectators from track? \_\_\_\_\_ Maximum speed of karts: \_\_\_\_\_

Are governors installed on each kart?  Yes  No

Minimum age requirements: \_\_\_\_\_ Minimum height requirements: \_\_\_\_\_

Do you allow racing?  Yes  No Is the track fenced?  Yes  No

Type of instructions given:  Verbal  Video loop  Recorded message  Written

Are helmets required?  Yes  No Is there an operator shut off system?  Yes  No

Number of attendants per track: \_\_\_\_\_ Number of fire extinguishers around track: \_\_\_\_\_

Describe track signage: \_\_\_\_\_

How often are karts inspected? \_\_\_\_\_ By whom? \_\_\_\_\_

**\*Please Provide Checklist of inspection.**

Are participants required to wear shoes?  Yes  No

Are waivers required? **\*If yes, provide copy of waiver.**  Yes  No

Are there any modifications to the kart different from manufacture guidelines/requirements?  Yes  No

If yes, what modifications have been made? \_\_\_\_\_

What is the amount of gas stored on premises at one time? \_\_\_\_\_

Where is gas stored? \_\_\_\_\_ How is gas stored? \_\_\_\_\_

How far away is gas stored from track? \_\_\_\_\_ How old is the oldest kart? \_\_\_\_\_

**\*Please provide a diagram of tracks.**

**J. INFLATABLES**  N/A

Who is the manufacturer? \_\_\_\_\_ Number of inflatables: \_\_\_\_\_

Number of inflatables off premises: \_\_\_\_\_ Number of indoor inflatables: \_\_\_\_\_

Type of flooring in inflatable area: \_\_\_\_\_ Number of outdoor inflatables: \_\_\_\_\_

How are they anchored/secured/tied down? \_\_\_\_\_

Describe each inflatable: \_\_\_\_\_

Who is responsible for inspections? \_\_\_\_\_ How often are inflatables inspected? \_\_\_\_\_

**\*Provide inspection/maintenance procedures.**

Are waivers required? **\*If yes, provide copy of waiver.**  Yes  No

Is each inflatable manned by an attendant/operator?  Yes  No

Describe training: \_\_\_\_\_

Describe signage: \_\_\_\_\_

Describe controls to prevent double bouncing and when participants with different sizes / abilities are grouped together: \_\_\_\_\_

Type of instructions given:  Verbal  Video loop  Recorded message  Written

**K. LASER TAG**  N/A

Who is the manufacturer? \_\_\_\_\_

Ratio of judges to participants: \_\_\_\_\_ Are games refereed?  Yes  No

Minimum age requirements: \_\_\_\_\_ Minimum height requirements: \_\_\_\_\_

Maximum number of participants at one time: \_\_\_\_\_ Square footage of area: \_\_\_\_\_

Type of instructions given:  Verbal  Video loop  Recorded message  Written

Describe Rules/Warnings/Assumption of Risk signage (including bowlers "not crossing the foul line"): \_\_\_\_\_

Do you lease or own equipment? **\*If lease, provide lease agreement.**  Lease  Own

Do you repair OR modify equipment?  Yes  No

If yes, describe modifications: \_\_\_\_\_

Describe any ramps, barriers, steps, etc.: \_\_\_\_\_

Are there elevated structures?  Yes  No

If yes, how high? \_\_\_\_\_

How often do you inspect equipment? \_\_\_\_\_ Is there a maintenance log kept?  Yes  No

Is there an emergency lighting system?  Yes  No

Are there surveillance cameras specifically on the floor/main playing and staging area?  Yes  No

Describe: \_\_\_\_\_

**L. MECHANICAL RIDES/KIDDIE RIDES**  N/A

Who is the manufacturer? \_\_\_\_\_ Number of rides: \_\_\_\_\_

Does each ride and mechanical device meet ASTM – F-853 standards?  Yes  No

Number of inflatables off premises: \_\_\_\_\_ Number of indoor inflatables: \_\_\_\_\_

If no, explain: \_\_\_\_\_

Do ALL rides comply with manufacture recommendations with regard to Height, Age, Weight, & Exit Requirements?  Yes  No

**\*List all rides – per schedule attached.**

Has Insured ever manufactured or retrofitted any mechanical ride?  Yes  No

If yes, list attraction and the changes made: \_\_\_\_\_

How often are rides inspected? \_\_\_\_\_ Is there an inspection log? **\*If yes, provide copy.**  Yes  No

Describe qualifications of the maintenance staff: \_\_\_\_\_

Where is the maintenance conducted for rides? \_\_\_\_\_

Are all rides inspected and certified by a licensed inspector annually?  Yes  No

Are all manuals of rides kept on premises?  Yes  No

Are there rides where the operator controls the speed?  Yes  No

If yes, explain which rides AND staff training that is required: \_\_\_\_\_

Describe barrier system keeping spectators away from rides: \_\_\_\_\_

Describe safety signage around rides: \_\_\_\_\_

**M. MINIATURE GOLF**  N/A

Who is the manufacturer/developer of course? \_\_\_\_\_

Number of courses: \_\_\_\_\_ Number of holes: \_\_\_\_\_ Estimated elevation from lowest hole to highest hole: \_\_\_\_\_

Are walkways clearly marked, especially for stairs?  Yes  No

Are proper warning signs displayed throughout the course and at #1 hole/counter?  Yes  No

Do all water fountains/falls have ground fault interrupters in place?  Yes  No

Are all putters rubber protected?  Yes  No

Describe lighting: \_\_\_\_\_

**N. NINJA COURSE**  N/A

Who is the manufacturer? \_\_\_\_\_

Ratio of monitors to participants: \_\_\_\_\_ Is a monitor present at all times?  Yes  No

Minimum age: \_\_\_\_\_ Minimum height: \_\_\_\_\_ Maximum number of participants: \_\_\_\_\_

Square footage of course: \_\_\_\_\_

Type of instructions given:  Verbal  Video loop  Recorded message  Written

Describe Rules/Warnings/Assumption of Risk signage: \_\_\_\_\_

Is there a Salmon Ladder obstacle?  Yes  No

Is there a Warp Wall obstacle?  Yes  No

List the different type of obstacles/elements: \_\_\_\_\_

Is the course:  Ground level  Elevated  Multi-level

Describe padding and safety netting system below the obstacles: \_\_\_\_\_

Is the course separated into child and adult level of difficulty?  Yes  No

Do you repair OR modify equipment?  Yes  No

If yes, describe modifications: \_\_\_\_\_

How often do you inspect equipment? \_\_\_\_\_ Is there a maintenance log kept?  Yes  No

Are surveillance cameras able to see all elements of the course?  Yes  No

**O. ROCK CLIMBING**  N/A

Who is the manufacturer? \_\_\_\_\_ Who installed Walls? \_\_\_\_\_

Are participants allowed to climb on their own?  Yes  No

Number of walls: \_\_\_\_\_ What is the height of the Bouldering/Traversing wall? \_\_\_\_\_

Are spotters required?  Yes  No

How are participants checked in? \_\_\_\_\_

Does rock wall meet all CWIG (Climbing Wall Industry Group) standards?  Yes  No

What type of safety equipment is used? \_\_\_\_\_

Describe the belay system: \_\_\_\_\_

Describe Safety Inspection policy for wall, hardware, equipment and rental gear: \_\_\_\_\_

Who is responsible for maintenance inspections? \_\_\_\_\_

How often are inspections done? \_\_\_\_\_ Is there a waiver signed?  Yes  No

**\*If yes, provide copy.**

Describe employee training procedures? \_\_\_\_\_

What type of assumption of risk signs (indicating age, size, height, rules, etc.)? \_\_\_\_\_

Type of instructions given:  Verbal  Video loop  Recorded message  Written

Describe landing surface – thickness, makeup, extent of fall protection: \_\_\_\_\_

Are there any mobile rock walls?  Yes  No

If yes, how often are they off premises? \_\_\_\_\_

How many attendants are stationed at each rock wall? \_\_\_\_\_

**P. ROLLER SKATING**

N/A

Member of RSA?  Yes  No Do you offer any "all night" or "midnight" skating?  Yes  No

If yes, what ages are allowed? \_\_\_\_\_ What are the hours? \_\_\_\_\_

Maximum number of Skaters per Floor Guard during sessions: \_\_\_\_\_ Rink Floor Capacity: \_\_\_\_\_

Number of Skating Surfaces: \_\_\_\_\_ Floor Material: \_\_\_\_\_ Age: \_\_\_\_\_

Is there regular scheduled maintenance of the floor?  Yes  No

Is the rink utilized/rented out for non-skating activities?  Yes  No

If yes, list events: \_\_\_\_\_

Is there a written contract between the rink and the party utilizing/renting out facility?  Yes  No

Are safety rules, rules of conduct and assumption of risk posted throughout the facility?  Yes  No

Are roller skating lessons conducted?  Yes  No

If so, are the instructors employees?  Yes  No

Are participant waivers collected for skating lessons?  Yes  No

Do you conduct regular maintenance, inspection and replacement of rental skates?  Yes  No

Do you keep a skate maintenance log?  Yes  No

Do you number your skates?  Yes  No

Explain briefly the overall maintenance and housekeeping of premises: \_\_\_\_\_

**Q. SOFT PLAY**

N/A

Who is the manufacturer? \_\_\_\_\_ Who installed the equipment? \_\_\_\_\_

Number of monitors: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Number of levels: \_\_\_\_\_

Is the soft play area fully enclosed and age restricted?  Yes  No

Maximum age: \_\_\_\_\_ Maximum height: \_\_\_\_\_

How often is area inspected? \_\_\_\_\_ Is there a maintenance log kept?  Yes  No

How often is area cleaned? \_\_\_\_\_ Is there a cleaning log kept?  Yes  No

Type of flooring under equipment: \_\_\_\_\_

Describe Rules/Warnings/Assumption of Risk signage: \_\_\_\_\_

Has Insured modified or retrofitted the manufacturer's recommendations?  Yes  No

If yes, describe: \_\_\_\_\_

**R. ZIP LINES/ROPES COURSE**

N/A

Who is the manufacturer? \_\_\_\_\_ What year was course built? \_\_\_\_\_

Who originally installed/built the course? \_\_\_\_\_

Have any additions/modifications been made after course was originally constructed?  Yes  No

If yes, describe additions/modifications and year completed: \_\_\_\_\_

Number of zip lines: \_\_\_\_\_ How many feet is the longest zip line? \_\_\_\_\_

Number of elements: \_\_\_\_\_ What is the height of the elements? \_\_\_\_\_

List/describe elements: \_\_\_\_\_

Describe fall protection systems at Transfer Stations: \_\_\_\_\_

Describe zip line braking system: \_\_\_\_\_

Describe emergency plan if patron is stranded on the zip line: \_\_\_\_\_

Describe participant lanyard system at Transfer Stations: \_\_\_\_\_

How often is course inspected? \_\_\_\_\_ By whom? \_\_\_\_\_

**\*Provide inspection checklist and training manual.**

What is staff to participant ratio? \_\_\_\_\_

Have there been any issues with State Inspections?  Yes  No

If yes, describe: \_\_\_\_\_

Are participants notified of difficulty levels at Transfer Stations?  Yes  No

What is the approximate time a participant will take to complete the course? \_\_\_\_\_

What is the maximum number of elements a participant must complete before they have an opportunity to exit the course? \_\_\_\_\_

Are there any zip lines or ropes courses that can be moved from property or mobile?  Yes  No

Does the course have a supervised practice area? **\*Provide diagram of course.**  Yes  No

Do you follow the ANSI/PRCA American National Standard (ANS)?  Yes  No

**S. RESTAURANT/SNACK BAR**  N/A

Restaurant exposure:  Full-Service  Snack Bar  Lessor's Risk Square foot? \_\_\_\_\_

Is food area lease/subcontracted out?  Yes  No

If leased, does insured receive COI from sub contractor listing them as an additional insured?  Yes  No

**\*If yes, provide contract.**

Are alcoholic beverages sold on premises (e.g. beer, wine, liquor)?  Yes  No

Are portable fire extinguishers provided in kitchen?  Yes  No

Who is responsible for cleaning hoods and ducts? \_\_\_\_\_ How often? \_\_\_\_\_

Are cleaning records kept?  Yes  No

Number of each: Deep Fryers: \_\_\_\_\_ Ovens: \_\_\_\_\_ Grills: \_\_\_\_\_ Broilers: \_\_\_\_\_ Ranges: \_\_\_\_\_

Describe maintenance/inspections procedures: \_\_\_\_\_

Have there been any issues with State Inspections?  Yes  No

If yes, explain: \_\_\_\_\_

**T. CHILD CARE/CHILD DROP-OFF/LOCK-INS**  N/A

What is the maximum number of children dropped off/left in your care at one time? \_\_\_\_\_

What is the ratio of monitors to children left in your care? \_\_\_\_\_ What is the minimum age of a child left in your care? \_\_\_\_\_

What are the maximum hours per day that a child may be in your care? \_\_\_\_\_

What type of system do you have in place for checking in/out children when they arrive and depart? \_\_\_\_\_

Do you have written training/safety procedures including performing background checks on employees or volunteers in charge of drop-off service? **\*If yes, provide a copy.**  Yes  No

Briefly describe the programs you offer for children to be dropped off and supervised by employees: \_\_\_\_\_

**U. HIRED AND NON-OWNED**  N/A

Do you have a Business Auto Policy for owned autos?  Yes  No

If yes, **NOTE – Coverage should be placed under your Auto Carrier.**

Does insured allow employees/volunteers to use their personal vehicles for business purposes?  Yes  No

If yes, how often? \_\_\_\_\_

Total number of Employees: \_\_\_\_\_ Total number of Volunteers: \_\_\_\_\_

Does insured obtain Motor Vehicle Reports?  Yes  No

If yes, how often? \_\_\_\_\_

What are the auto minimum limits the insured requires of their employees/volunteers? \_\_\_\_\_

How often does insured lease, borrow or hire any vehicles for business? \_\_\_\_\_

What type of vehicles are used and for what purposes? \_\_\_\_\_

**The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.**

**It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.**

**It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.**

Submitted by: \_\_\_\_\_  
(Agent)

Applicant Signature: \_\_\_\_\_

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

Name: \_\_\_\_\_  
(Please Print)

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

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

