

AMUSEMENT SUPPLEMENT APPLICATION

(Include Acord Application)

Mailing Address:			Location Address:		
Is applicant properly licensed where required by law? Number of active owners/officers/partners: Estimated annual: Payroll (excl. owner) Does applicant subcontract work to others? If yes, are certificates of insurance required? Do subcontractors name the applicant as additional insured? Does applicant operate on a seasonal basis? Are signs clearly posted with rules of conduct, height requirements, and size limitations. Is there a refreshment stand? If yes, receipts: \$					Yes No
	S	chedule of amuser	nent 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. Are attendants on duty during all operating times? Are maintenance logs kept on each device or ride? Yes No					
Are any devices or rides mounted on trailers? If yes, list radius of operations/type of device.					Yes ☐ No
Are devices and rides regularly inspected? If yes, are these inspections performed by properly licensed entities where required?					Yes ☐ No Yes ☐ No
Does applicant have a training program for its employees?					Yes ∏ No
Any multi-level driving ranges?					Yes No
Any firework or pyrotechnic exposure?					Yes ∏ No
Any animal rides or animal exposure? Yes No					_

Are any devices available for rent?		☐ Yes ☐ No
Please list and explain devices:		
Does lease agreement contain hold harmles	ss in applicant's favor?	☐ Yes ☐ No
Details:		
Attach a copy of the lease agreement.		
Any person who knowingly and with intent application for insurance containing false in concerning any fact material thereto, common does not bind any of the parties to complet	formation, or conceals for the purpose of m its a fraudulent insurance act, which is a cri	isleading, information
Applicant's Signature	Producer's Signature	Date