

Amusement Device and Center Supplemental Application

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- Does applicant have any animal rides or animal exposures? Yes No
 If yes, please describe:
- Do rides have clearly marked age, height and size limitations? Yes No
- Are rides set up and taken down by trained and experienced personnel? Yes No
- Do employees of the insured constantly supervise rides/devices at all times? Yes No
- When not in use are rides secured and inaccessible? Yes No
- Does applicant have a training program? Yes No
- Does applicant have any leased employees? Yes No
- Does applicant subcontract work to others? Yes No
- Does applicant obtain certificates of insurance from all subcontractors? Yes No
- In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to the applicant? Yes No
- Is the applicant aware of any events that have occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

Account Revenue Projections and History

| Year | Payroll | Gross Receipts | Sub-Contracted Cost (Including Cost of Materials) |
|----------------|---------|----------------|---|
| Next 12 Months | | | |
| Prior Year | | | |
| Prior Year | | | |
| Prior Year | | | |

Please list the type of events the applicant provides his amusement devices for (i.e. Birthday parties, fairs, etc):

Prior Carrier Information

| | Year: | Year: | Year: | Year: | Year: |
|--------------|-------|-------|-------|-------|-------|
| Carrier | | | | | |
| Premium | | | | | |
| Deductible | | | | | |
| Premium Base | | | | | |

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Loss History

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claims Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|--------------------------------|
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This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____

Date _____

Agents Signature _____

Date _____