



Applicant Name:

Mailing Address:

Location Address:

Contact: Contact Email:

Contact Phone: Website:

General Information

1. Years in business: years Years of experience in the industry: years

2. States where the applicant operates:

3. Hours of operation:

4. Does the applicant currently have liability insurance? ☐ Yes ☐ No
If yes, please list carrier:
Current premium: \$

5. Has the applicant had any losses in the last five years? ☐ Yes ☐ No *Please include loss runs*

6. Are participant waivers used? ☐ Yes ☐ No *If yes, attach a copy*

7. Does the applicant own any buildings? ☐ Yes ☐ No
If yes, does the applicant lease or rent space to others? ☐ Yes ☐ No
Number of apartments:
Square footage of leased space (not including apartments):
Please list all tenant operations:

Any mechanical bulls, trampolines, or live music/dance floor? ☐ Yes ☐ No

Revenue Breakdown

Amusement (include sales for all items marked below):			\$
☐ Amusement Rides	☐ Disc Golf	☐ Mechanical Rides	
☐ Arcade	☐ Driving Range	☐ Mini Golf	
☐ Axe Throwing	☐ Electronic Gambling	☐ Paintball	
☐ Batting Cages	☐ Entertainers	☐ Party Room Rental	
☐ Bounce House	☐ Escape Room	☐ Ropes Course	
☐ Bumper Cars	☐ Go-Karts	☐ Virtual Reality	
☐ Children's Playcenter	☐ Golf Simulator	☐ Whirly Ball	
☐ Climbing Wall	☐ Kiddie Rides	☐ Zip Lines	
☐ Coin-Op Rides	☐ Laser Tag	☐ Sporting Activities:	
☐ Other:			

Bowling:	\$	
Roller Rinks (complete Rinks Supplemental):	\$	
Snack Bar and Concessions:	\$	
Restaurant:	\$	
Liquor Sales (complete Liquor Supplemental):	\$	
Other ()::	\$	
Total Annual Sales:		\$

Activities

AMUSEMENT RIDES: ☐ N/A

ARCADE: ☐ N/A

AXE THROWING: ☐ N/A

1. Does the applicant belong to a professional axe throwing organization? ☐ Yes ☐ No

2. Are there designated throwing lanes with appropriate backdrops? ☐ Yes ☐ No

3. Who monitors the axe throwing?

4. Is alcohol allowed? ☐ Yes ☐ No

If yes, how is it limited/controlled?

BATTING CAGES: ☐ N/A

1. Are daily accuracy and maintenance checks made? ☐ Yes ☐ No

2. Are Reduced Injury Factor (RIF) baseballs used? ☐ Yes ☐ No

3. Are batting helmets required? ☐ Yes ☐ No

4. Are cages completely enclosed? ☐ Yes ☐ No

5. Are all surfaces non-skid? ☐ Yes ☐ No

6. Are settings on the pitching machine secured? ☐ Yes ☐ No

7. What is the maximum pitch speed? ☐ Yes ☐ No

8. How many people are allowed in the batting cages at one time:

BOUNCE HOUSE: ☐ N/A

BOWLING: ☐ N/A

1. Total number of lanes:

2. Are lanes synthetic? ☐ Yes ☐ No

If no, who refinishes the lanes?

BUMPER CARS & GO-KARTS: ☐ N/A1. Is there a maintenance program in place? ☐ Yes ☐ No2. Are the cars inspected before and after each use? ☐ Yes ☐ No3. What is the minimum age of the track worker or operator? 4. Do track workers have experience? ☐ Yes ☐ NoCHILDREN'S PLAYCENTER: ☐ N/ACLIMBING WALL: ☐ N/A1. Is the climbing wall always supervised by a trained operator? ☐ Yes ☐ No2. Is the tool loop cut off from the safety harness? ☐ Yes ☐ No3. How often are the cables replaced? 4. Is the climbing wall manual or auto belay? 5. Height of wall: Width of wall: Age of wall: COIN-OP RIDES: ☐ N/ADISC GOLF: ☐ N/ADRIVING RANGE: ☐ N/AELECTRONIC GAMBLING: ☐ N/AESCAPE ROOM: ☐ N/AGOLF SIMULATOR: ☐ N/AKIDDIE RIDES: ☐ N/ALASER TAG: ☐ N/A1. Do attendants provide tutorial/instructions before participants are allowed into the laser tag area? ☐ Yes ☐ NoLIQUOR: ☐ N/A If coverage is desired, complete Liquor QuestionnairePAINTBALL: ☐ N/A

1. Does the applicant provide:

☐ Airsoft ☐ Arrow Tag ☐ Nerf ☐ Paintball ☐ Other: 2. Is the facility: ☐ Indoor ☐ Outdoor ☐ BothIf outdoor, how many acres: How many courses: Are evening games held? ☐ Yes ☐ No

Mark each that are included in the field:

☐ Fox Holes ☐ Tunnels ☐ Towers ☐ Large Rocks ☐ Water ☐ Cliffs ☐ Ravines☐ Other: Are any climbing areas over three feet in height? ☐ Yes ☐ NoAre goggles, safety masks, ear protection required on the playing fields? ☐ Yes ☐ NoWhat is the maximum velocity allowed? fps

ROLLER SKATING: ☐ N/A

1. Is there regular maintenance of the floor? ☐ Yes ☐ No
2. Does the applicant offer "all night skate"? ☐ Yes ☐ No

ZIP LINES: ☐ N/A

1. Height, length, top speed of each zip line:

Commercial Cooking Operations

Does the applicant have commercial cooking facilities? ☐ Yes ☐ No (If no, continue to the next section)

1. How often is the kitchen used? ☐ Daily ☐ Weekly ☐ Monthly ☐ Annually ☐ Never
2. Cooking type:
☐ Range ☐ Oven ☐ Deep Fat Fryers ☐ Broilers ☐ Grills ☐ Other:
3. Are all cooking surfaces covered by a UL300 extinguishing system? ☐ Yes ☐ No
4. How often are filters and hoods cleaned?
5. Who cleans the filters and hoods?
6. Are contracts in place for semi-annual cleaning and servicing of the extinguishing system? ☐ Yes ☐ No
 If yes, attach a copy of the contract
7. Are there Class K fire extinguishers in the kitchen? ☐ Yes ☐ No
8. Have the fire extinguishers been serviced and tagged within the past 12 months? ☐ Yes ☐ No
9. Does the applicant provide any food delivery services? ☐ Yes ☐ No

Life Safety

1. Are safety signs and all rules clearly posted? ☐ Yes ☐ No
2. Are first aid supplies and phone kept on premises? ☐ Yes ☐ No
3. Are there written injury and medical emergency procedures in place? ☐ Yes ☐ No
4. Are emergency exits clearly posted and in lit areas? ☐ Yes ☐ No
5. Is a written life safety evacuation plan in place? ☐ Yes ☐ No
6. Is a written crowd control or security plan in place? ☐ Yes ☐ No
7. Are any areas of the facility video monitored? ☐ Yes ☐ No

If yes, where:

How many cameras:

How long are recordings kept:

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. **(Not applicable in MN, NY, OR, or WA)**

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Insured's Signature:

Date:

Agents's Signature:

Date:

[PRINT](#)

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

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