



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: _____

