

How are they anchored/secured/tied down?: _____

Describe each inflatable: _____

Who is responsible for inspections? _____

How often are inflatables inspected? _____

***Provide inspection/maintenance procedures.**

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

E. 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? _____

F. 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: _____

G. 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? Yes No
***If yes, provide a copy.**

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

H. 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, borrower 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: _____

