



## AMUSEMENT SUPPLEMENT APPLICATION

(Include Acord Application)

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

Is applicant properly licensed where required by law? Yes No License Number \_\_\_\_\_  
 Number of active owners/officers/partners: \_\_\_\_\_ Number of Employees \_\_\_\_\_  
 Estimated annual: Payroll (excl. owner) \_\_\_\_\_ Receipts \_\_\_\_\_ Subs Costs \_\_\_\_\_  
 Does applicant subcontract work to others? Yes No  
 If yes, are certificates of insurance required? Yes No  
 Do subcontractors name the applicant as additional insured? Yes No  
 Does applicant operate on a seasonal basis? Yes No  
 Are signs clearly posted with rules of conduct, height requirements, and size limitations? Yes No  
 Is there a refreshment stand? If yes, receipts: \$ \_\_\_\_\_ Yes No

Schedule of amusement 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? Yes No  
 Are maintenance logs kept on each device or ride? Yes No  
 Are any devices or rides mounted on trailers? Yes No  
 If yes, list radius of operations/type of device.  
 Are devices and rides regularly inspected? Yes No  
 If yes, are these inspections performed by properly licensed entities where required? 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 harmless in applicant's favor?	Yes	No

Details:

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**Attach a copy of the lease agreement.**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date