



#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

AMUSEMENT CENTER APPLICATION FORM

Date: _____ Broker: _____
Named Insured (as it is to appear on the policy): _____
Doing business as: _____
Mailing Address: _____
Physical Address: _____
City: _____ Prov: _____ P/C: _____
Phone: _____ Fax: _____
Website Address: _____

Insured is: Corporation Partnership Individual Joint Venture Other

Owner/President: _____
Other Offices: _____
Years in business: _____
Proposed Effective Dates: _____ Expiration _____
Operating Season _____ To : _____
Interest in Premises: _____ % Occupied: _____ Stories: _____
Other Occupancies: _____
Do you have a diagram or brochure of the premises? YES NO (please attach)
Do you have formal operations/training guide? YES NO (please attach)
Are Alcoholic Beverages sold? YES NO
Trade Associations which Insured Belongs to: _____
Prior Insurance Carrier: _____
Has Insurance ever been: Cancelled Declined Non Renewed

GL EXPOSURE INFORMATION

Coverage Limits Desired Deductible
General Liability
Tenants Fire Legal Liability

CLAIMS/LOSS EXPERIENCE (last 5 years) Attach additional information if necessary

Additional Insureds/ Address: _____
 Franchiser: _____
 Lessor: _____
 Other: _____

ADDITIONAL INFORMATION:

Total Gross Receipts: _____ # Annual Admissions _____

Hours of Operation: _____ Park Capacity _____

Describe Parking Facilities and Lighting _____

Describe Security (armed/unarmed) _____

Is Security present during open hours? YES NO Closed hours? YES NO

Employees or Subcontracted out employees? (list subcontractor) _____
 (attach certificate)

Do you provide Baby-sitting/Day Care? YES NO Child to Attendant Ratio _____

Please explain service _____

Describe First Aid Facilities _____

Number of employees certified in CPR: _____

Minimum # of CPR Trained Employees on duty at any time: _____

Distance to Fire Department/Response Time: _____

Closest Fire Hydrant: _____ feet Number of Extinguishers on premises: _____

Smoke/Fire Alarm Types (local/central station): _____

Distance to Ambulance/ Response Time: _____

Emergency Lighting: YES NO

Physical Security (alarms/deadbolts/fencing, etc): _____

Do you host special events such as concerts or fireworks displays? YES NO

(if yes, please fill out Special Events Supplemental application & attach)

Are there any trampolines on site? _____ If so what type of trampolines are they (in ground or above ground)? _____

What supervision is in place for the trampoline area? _____

Is there an inflatable Jumping pillow on site: YES NO

List all the rides/attractions/areas at your park and the number of units applicable (#karts/holes/games/etc)

ATTRACTION/AREA	# UNITS	RECEIPTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Frequency of attraction self-inspection: _____ documented Yes No

Instructional signage posted for each attraction? _____

ATTRACTION INFORMATION:

ARCADES

of units _____ Receipts _____ # of Attendants _____

Does the insured own or lease games? _____

Who provides service/maintenance on machines? _____

Type of Floor Covering? _____

Are all machines properly grounded? Yes No

BATTING CAGES:

of Units _____ Receipts _____ # of Attendants _____

Manufacturer _____ Oldest Unit: _____

Minimum Age: _____ # of participants allowed in cage at one time? _____

Are Helmets required? Yes No Are cages completely closed? Yes No

Are areas clearly marked for right or left handed batters? Yes No

Are Home plates clearly marked? Yes No

Can participants alter settings on the pitching machines? Yes No

Maximum speed for ages under 12? _____ Maximum speed for ages Over 12? _____

BILLARDS:

of Units _____ Receipts _____ # of Attendants _____

Manufacturer: _____ Oldest Unit: _____

Coin Operated or rent? _____ Floor Surface? _____

Tournaments: Yes No

BOWLING ALLEY:

Total # of Drop-in Bowlers _____ Total # of League Bowlers: _____

Food Sales \$ _____ Liquor Sales: \$ _____ Rentals : \$ _____

Do they run special events : (ie : birthday parties , cosmic bowling, fundraiser)

If yes, please provide details including total # per year. _____

Total # of Lanes: _____

Type of Lane Finish used ? _____ Lacquer _____ Water Based

Is food or drink allowed in bowling area? Yes No

Is there food preparation? _____ Is there deep frying? _____

BUMPER BOATS:

of Units _____ Receipts: _____ # of Attendants _____

Manufacturer: _____ Oldest Unit: _____

Age/Height Requirements: _____

Depth of Water? _____ depth marked on side of pool? Yes No

Coloured dye in water? Yes No

Height of Observation fence: _____ How are Propellers protected? _____

Amount of gas on premises? _____ How is it stored? _____

Number of Attendants CPR Certified? _____ First Aid Certified _____
Where are boats refueled? _____

BUMPER CARS:

of Units _____ Receipts \$ _____ # of Attendants _____
Manufacturer: _____ Oldest Unit _____
Age/ Height Requirements: _____
Are cars equipped with a dash pad & headrest pad? Yes No
Are seat belts required? Yes No If no, please explain
How is public restricted from floor area while cars and in motion?

CONCESSIONS:

of Stands _____ Receipts\$ _____ Square footage _____
Are food operations handle by Insured of subcontractor? _____
(attach certificate)
Is there a grill? Yes No Is there a deep fryer? Yes No
Is there an automatic ansul system protecting cooking/frying surfaces? Yes No
Hoods/ducts cleaned by contractor? Monthly Quarterly

GOLF DRIVING RANGES:

of Stalls _____ Receipts \$ _____ # of Attendants _____
Are Restricted Areas marked? Yes No
Restricted to one person per box? Yes No
Describe partitions between tee boxes: _____
Levels: _____ Other attractions exposed to range? _____

LAZER TAG :

Size of play area: _____ Emergency Exit Available: _____
Exits visible and marked? _____
Type of Flooring: _____ Partition walls used? _____
Are corners padded? _____
Is emergency lighting available? _____ Is there skid proofing on all ramps? _____
Maximum Number of Players per Exercise: _____
Are players grouped according to Age & Size? Yes No
Do attendants mix age groups? Yes No
Is attendant in play area during exercise? Yes No
Length of exercise: _____
Are parents allowed to accompany their children? Yes No
Are Lazer attached to vests with tether when in use? Yes No
Is head protection available? Yes No
Are Lazars two handed? Yes No
Are guns padded? Yes No
Total Number of participants per year _____
Are waivers signed by all participants? Yes No

MINIATURE GOLF:

Total # of Holes _____ # of Courses: _____ Receipts \$ _____
Attendants: _____
Manufacturer: _____ Oldest Unit: _____
Are Walkways marked and lighted? _____
Number of course structures equipped with moving parts? _____
Is access by public limited? Yes No
Are lights covered and protected? Yes No
Are ground fault interrupters in place? Yes No

GO KARTS:

of Single Karts _____ # of Double Karts _____ # of Tracks _____ Receipts: \$ _____
of Attendants: _____ # of Extinguishers/Type: _____
Where are the attendants & extinguishers located? **Please attach diagram and mark placement.**

Age/height requirements: _____
Maximum speed of karts: _____ Are governors installed: _____
Maximum number of karts on track at one time: _____
Manufacturer: _____
Oldest Unit: _____
Are seat belts required: _____ if no, please explain: _____
Are helmets required: _____ Roll bars: _____ Bumper guards: _____
Are helmets checked by attendants: _____
Describe remote control device for shut down:

Amount of gas on premises: _____
How is it stored: _____
Are all engines covered to keep obstacles out and to prevent injuries to riders:

Type of track surface: _____ Length of Track: _____
Describe guardrail protection:

Is double riding allowed: _____ Padded Steering Wheel _____
Is there a headrest support: _____
Are waivers signed by all participants? _____

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Dated: _____ Signed (applicant): _____