



**AMUSEMENT PROGRAM SUPPLEMENTAL GENERAL LIABILITY APPLICATION**

(Complete in addition to ACORD General Liability Application)

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

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**1. Description of operation:** \_\_\_\_\_  
 \_\_\_\_\_

Number of years in operation: \_\_\_\_\_

Years of experience in this field: \_\_\_\_\_

**2. Schedule of Amusements (owned or leased):**

Name and Type of Amusement	No.	Age	Manufacturer	Capacity	Maximum Operating Speed	Receipts

**a.** Does applicant have any animal rides or animal exposures?.....  Yes  No  
 If yes, please describe: \_\_\_\_\_

**b.** For batting cages, are participants required to wear protective headgear? .....  Yes  No

**c.** For paddle boats:  
 Are U.S. Coast Guard approved life preservers provided and required for each passenger? .....  Yes  No  
 Are paddle boat renters required to sign hold harmless agreements in the applicant's favor? .....  Yes  No

**d.** For carriages, sleighs or hayrides, are passengers driven on public streets or roads? .....  Yes  No

**e.** For hot air balloon rides, are balloons tethered?.....  Yes  No  
 If yes, maximum height of balloon: \_\_\_\_\_ ft.

f. For laser tag centers, is center on more than one level? .....  Yes  No  
 If yes, please describe: \_\_\_\_\_

g. Does applicant own or lease any inflatable amusement devices?.....  Yes  No  
 If yes, please describe: \_\_\_\_\_

**3. Mechanical Rides:**

a. Do rides have signs clearly marking age, height and size limitations? .....  Yes  No

b. Describe the height and type of fencing required for spectator safety: \_\_\_\_\_

c. Are all rides inspected? .....  Yes  No  
 If yes, please provide details of the inspection process: \_\_\_\_\_

Who Completes the Inspections?	Frequency of Inspection?	Are Inspection/Maintenance Logs Maintained?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**4. Scenic Trains:**

a. How often is the train maintained and inspected? \_\_\_\_\_

b. How often are the tracks maintained and inspected? \_\_\_\_\_

c. Are tracks shared with other trains?.....  Yes  No

d. What is the maximum speed of the train? \_\_\_\_\_

e. How many times do the tracks cross streets/roads? \_\_\_\_\_

f. Are traffic safety devices in place at each street/road crossing? .....  Yes  No

g. Are engineers subject to drug and alcohol testing? .....  Yes  No

h. What is maximum passenger capacity? \_\_\_\_\_

i. Please advise the number of: Closed Cars: \_\_\_\_\_ Open Cars: \_\_\_\_\_ Passenger Cars: \_\_\_\_\_

j. How long is the ride? \_\_\_\_\_

k. Please describe passenger safety controls: \_\_\_\_\_

l. Please advise as to how many years of experience each engineer has:

Name	Years of Experience

m. Does applicant own or lease any miniature trains?.....  Yes  No

**5. Receipts:**

a. Does applicant sell any items?.....  Yes  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. Estimated annual receipts:..... \$ \_\_\_\_\_
- c. Estimated rental receipts: ..... \$ \_\_\_\_\_
- d. Estimated retail receipts:..... \$ \_\_\_\_\_

**6. Supervision:**

Please describe the nature of the adult supervision provided while any ride or device is in use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. List states in which applicant operates:** \_\_\_\_\_

**8. Total number of employees:** \_\_\_\_\_

**9. Does applicant have a training program?** .....  Yes  No

**10. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**11. Does applicant have other business ventures for which coverage is not requested?**.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_  
\_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_