

FAMILY ENTERTAINMENT CENTER APPLICATION

Corporate Name: _____
 Trade Name: _____
 Mailing Address: _____
 Contact Person: _____ # of Yrs. In Operation: _____
 Location Address: _____ Telephone: _____
 _____ Fax No: _____
 Annual Receipts: \$ _____ Annual Payroll: \$ _____
 Total Acreage of Facility: _____ Sq Ft Bldg Area: _____
 Hours of Operation: _____ Operating Season of Facility: _____
 *IALEI Member? Yes No List Other Memberships: _____
 Email _____ Website _____ Federal ID# _____

Operations Exposures:

Type	Please Complete	Annual Receipts	% of Total
Coin-Op Amusement Equipment	How Many? _____ # of Attendants: _____ Equipment is <input type="checkbox"/> Owned <input type="checkbox"/> Leased Are Machines Properly Grounded? <input type="checkbox"/> Yes <input type="checkbox"/> No Non-slip, non conductive floor covering? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide your own maintenance on equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bumper Boats	How Many? _____ Manufacturer Name: _____ # of Attendants? _____ Ht. of Observation Fence? _____ ft Operators at least 10 yrs. old or taller than 48"? <input type="checkbox"/> Yes <input type="checkbox"/> No Depth of water 4 ft or less? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bumper Cars	How Many? _____ Manufacturer Name: _____ How many attendants? _____ Min. Height Req: _____ Cars Equipped with dash & headrest pads? <input type="checkbox"/> Yes <input type="checkbox"/> No Seat Belts Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Batting/Pitching Cages	How Many? _____ Min Age of Participants: _____ Reduced Injury Factor (RIF) baseballs used? <input type="checkbox"/> Yes <input type="checkbox"/> No Cages Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No Non-Skid surface <input type="checkbox"/> Yes <input type="checkbox"/> No		
Coin-Op Rides	How Many? _____ Describe: _____		
Go Karts	How Many? _____ # of Tracks: _____ Max Speed: _____ Mph # of Attendants: _____ Seat Belts Req'd? <input type="checkbox"/> Yes <input type="checkbox"/> No Bumper Guards & Roll Bars? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attendant Operated Rides	How Many? _____ Describe: _____		
Lazer Tag	Sq Ft Area: _____		
Bounce Play/Soft Play	Describe: _____		
Miniature Golf	# of Courses: _____ # of Holes: _____ Founts/Waterfalls Equip.w/Ground Fault Interrupters? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driving Ranges	# of Stalls: _____ Partitions Between Stalls? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gift/Pro- Shops			
Food Operations: Concession? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cooked on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Deep Fryer Grill on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Prepackaged? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Alcoholic Beverages: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Room Rentals	Type: _____		
Other:	List & Describe Operations: _____		

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Supplemental Application

Please complete the following, where applicable:

Operations:

1. Average Annual Attendance:		
2. Do you sponsor any sporting or social events? If Yes, describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are any alcoholic beverages served? Wine Beer Other	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
4. Certificates Recd from all concessionaires? Teams, Leagues, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
5. Do you sponsor any type of competition? If Yes, describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you provide live entertainment? Live Music Disc Jockey Karaoke Other, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
7. Does facility conduct fireworks display?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you made any operational changes since your '02-'03 renewal application? If Yes, Describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Facility Protection:

1. Do you have parking facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes -	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
2. If open after dark, are parking areas lighted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. The fire department is staffed by:		<input type="checkbox"/> Professionals	<input type="checkbox"/> Volunteers
4. Is there an independent water source?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Distance of nearest fire station to the facility			
6. Is there a fire alarm system on site?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are fire hydrants & hoses easily accessible in all buildings?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. How often are they checked?			
9. Number of Fire Extinguishers:			
10. Do all indoor facilities comply with all local life-safety codes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you comply with all local, state, building, concession, sanitary codes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Distance to nearest Medical Facility:			
13. How many exits from premises?			
14. Is there an emergency lighting system on premises and/or building?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. How many full time employees do you have?			
16. How many part time or seasonal employees do you have?			
17. Do you employ Security Guards? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	Are they armed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Go-Kart Supplement

Length of Track: _____

Track Fenced? Yes No

Type of Perimeter Barrier: _____

Go-Kart Manufacturer: _____

Minimum Age Requirement: _____ Minimum Height _____

Number of Single Carts: _____ Number of Double: _____

Number of Karts on Track at once: _____ Maximum Speed: _____

Speed Governors on Karts? Yes No

Attendant Cut-Off System? Yes No

Track Rules Clearly & Prominently Posted? Yes No

Any Racing Allowed? Yes No

If So Describe Circumstances: _____

Is Gasoline Stored Away from Track Area? Yes No

How Far is Refueling Area from Track? _____

Spectators Clearly Separated from Track? Yes No

Are Patrons Given waivers to Sign: Yes No
If yes, Attach a Copy

Draw Shape of Track:

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Paintball Supplement

Please complete the following, where applicable:

DESCRIPTION OF OPERATIONS:

Annual Paintball Receipts	\$
Annual # of Waivers Signed	
Total Sq.Ft. Area of Playing Field	
Annual Repair Receipts	\$
Annual Equipment Sales	\$
Hours of Operation:	

GENERAL INFORMATION:

1. Are written Instructions, procedures & training provided for Participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What are the Age/Height/Weight Limitations for Participants	
3. Maximum Number of participants per game:	
4. Do you have special events, such as Tournaments, Big Games etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does equipment meet ASTM standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Specify types of air fills used.	
7. Are safety plugs mandatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. List protective gear supplied to participants:	
9. Average Age of Rental Equipment:	
10. Indicate feet per second used at your park.	
11. Do you repair or modify equipment sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are products sold U.S. made or purchased through a U.S. wholesaler?	
13. How often is equipment inspected for damages/safety?	
14. Is there a scheduled maintenance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. How often is equipment changed?	
16. Do Manufacturers provide Certs? of Insurance and are you named as addl. insd?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are patrons separated by level of experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Liability Information

Please complete

Coverage	Insurance Company	Exp Date	Limits	Premium	Deductible
General Liability					
Umbrella					
Workers Comp					

Claims Information*

Indicate below, the # of Claims and Amount Incurred (paid + reserved) in each of the last 5 years:

Year	Number of Claims	Total Incurred Amount
2003		
2002		
2001		
2000		
1999		

*Note: please forward current loss runs from your carrier, along with this application.

Excluded Activities

- Mechanical Bull
- Hang Gliding
- Parasailing
- Traveling Rides
- Bowling Alleys
- Bungee Jumping
- Sky Diving
- Parachuting
- Movable Inflatables
- Bungee Rides/Jumps
- Skateboarding
- Hot Air Balloons
- Luge
- Roller Rinks
- Water Slides
- Trampolines
- Velcro Jumps
- Tobogganing
- Ice Skating Rinks
- Night Clubs/Disco

Warranty

It is hereby understood and agreed that if insurance is issued by virtue of completing this application, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

APPLICANT (PLEASE PRINT OR TYPE): _____

 (Signature of Applicant-Mandatory) (Title) (Date)

PRODUCER: _____

 (Signature of Producer Completing Application-If Appropriate) (Date)

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Property

Please complete if you are interested in a quote for your property.

Location Address:			
Construction:	<input type="checkbox"/> Fire-Resistive <input type="checkbox"/> Masonry NonComb <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Other (Describe):		
Facility Sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local Gong
Burglar Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	<input type="checkbox"/> Central Station <input type="checkbox"/> Local Gong
Year Built:			

Property Values:

Building: \$	Contents : \$	Loss of \$
		Income

Include in contents: Scheduled Equipment, EDP, Improvements & Betterments

Crime Exposures:

On Premises:	Maximum Daily Cash \$	Amount Overnight \$
	Safe ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Manufacturer:	
Desired Crime Limit:		

Additional Interests:

1. Name		<input type="checkbox"/> Landlord
Street		<input type="checkbox"/> Loss Payee
City& State		<input type="checkbox"/> Mortgagee
2. Name		<input type="checkbox"/> Landlord
Street		<input type="checkbox"/> Loss Payee
City& State		<input type="checkbox"/> Mortgagee

Carrier Information:

Insurance Co. Name:			
Date Policy Expires:		Annl Premium: \$	Deductible: \$

Claims Information: (Please complete for each year)

2003	Number of Claims:	Amount Paid:
2002	Number of Claims:	Amount Paid:
2001	Number of Claims:	Amount Paid:
2000	Number of Claims:	Amount Paid:
1999	Number of Claims:	Amount Paid: