



INSURANCE AGENCY, INC.  
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS  
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**AMUSEMENT PROGRAM SUPPLEMENTAL GENERAL LIABILITY APPLICATION**

(Complete in addition to ACORD General Liability application)

Name of Applicant: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

**1. Applicant's experience:**

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

**2. Schedule of Amusement Devices or Rides (inflatable devices are prohibited):**

Name and/or Type of Amusement Device or Ride	Age	Manufacturer	Capacity	Maximum Operating Speed

Does the applicant have any animal rides or animal exposures? .....  Yes  No

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

For amusement rides, describe the height and type of fencing required for spectator safety: \_\_\_\_\_

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

For paddle boats:

Are U.S. Coast Guard approved life preservers provided and required? .....  Yes  No

Are paddle boat renters required to sign hold harmless agreements in the applicant's favor? .....  Yes  No

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

**3. Rides:**

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

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?

**4. Scenic Trains:**

How often is the train maintained? \_\_\_\_\_

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

How many times do the tracks cross streets? \_\_\_\_\_

Are traffic safety devices in place at each crossing? .....  Yes  No

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

Please advise the number of: closed cars: \_\_\_\_\_ open cars: \_\_\_\_\_ passenger cars: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Name	Years of Experience

**5. Receipts:**

What are the applicant's estimated annual 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 the applicant have other business ventures for which coverage is not requested? .....  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

**APPLICABLE IN THE STATE OF NEW YORK:**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**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.

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

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

***(Applicable to Florida Agents Only.)***