



**James River Insurance Company
and its Subsidiaries**
6641 West Broad Street, Suite 300
Richmond, VA 23230

**Family Entertainment Center
Supplemental Application**

**SPORTS & ENTERTAINMENT
Division**
Email to SE@jamesriverins.com

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

SECTION I – GENERAL INFORMATION

Applicant name:			
Address:			
City:		State:	Zip:
Phone:	Ext:	Website:	
Years in business under current management:		Date established:	
Total gross receipts:		Annual admissions:	

SECTION II – OPERATIONS

1. Provide hours of operation:
2. Provide park capacity:
3. Describe parking facilities and lighting:
4. Is security present: <ul style="list-style-type: none"> a. During open hours <input type="checkbox"/> Yes <input type="checkbox"/> No b. During closed hours <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are security personnel: <input type="checkbox"/> Employed <input type="checkbox"/> Subcontracted If "subcontracted", provide the name of the subcontractor and attach certificate.
6. Is security: <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed
7. Does applicant provide babysitting/day care services? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes": <ul style="list-style-type: none"> a. What is the child to attendant ratio? b. Describe service provided: c. Are these services provided by: <input type="checkbox"/> Employees <input type="checkbox"/> Subcontractors
8. Describe first aid facilities:
9. Provide the number of employees certified in CPR:
10. What is the minimum number of CPR trained employees on duty at any time?
11. Provide distance to ambulance/response time:
12. Provide distance to fire department/response time: <ul style="list-style-type: none"> a. Closest fire hydrant feet b. Number of extinguishers on premises c. Is facility equipped with emergency lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Describe physical security (i.e., alarms, deadbolts, fencing, etc.):

14. Does applicant host special events such as concerts or fireworks displays? Yes No
 If "Yes", please complete and attach James River Special Events Supplemental application.

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

Attraction area	# units	Receipts

16. What is the frequency of attraction self-inspection?
 a. Is this inspection documented? Yes No

17. Is instructional signage posted for each attraction? Yes No
 If "Yes", describe:

SECTION III – ATTRACTION INFORMATION

1. Arcades – if "Not Applicable" check here and proceed to question 2.

a. Provide the following attraction information:
 # of units: Receipts: # of attendants:

b. Does the applicant: Own games Lease games

c. Who provides service/maintenance on machines?

d. Describe type of floor covering:

e. Are all machines properly grounded? Yes No

2. Batting Cages – if "Not Applicable" check here and proceed to question 3.

a. Provide the following batting cage information:
 # of units: Receipts: # of attendants:
 Manufacturer: Oldest unit:

b. What is the minimum age for participants:

c. Provide the number of participants allowed in cage at one time:

d. Are helmets required? Yes No

e. Are cages completely closed? Yes No

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

g. Are home plates clearly marked? Yes No

h. Can participants alter settings on the pitching machines? Yes No

i. What is the maximum speed for ages: Under 12 Over 12

3. Billiards – if "Not Applicable" check here and proceed to question 4.

a. Provide the following billiard information:
 # of units: Receipts: # of attendants:
 Manufacturer: Oldest unit:
 Coin operated Rent Floor surface:

b. Does applicant host billiard tournaments? Yes No

4. Bumper Boats – if "Not Applicable" check here and proceed to question 5.

a. Provide the following bumper boat information:
 # of units: Receipts: # of attendants:
 Manufacturer: Oldest unit:

8. Go Karts – if “Not Applicable” check here <input type="checkbox"/> and proceed to question 9.			
a. Provide the following information: # single karts: # double karts: # tracks: Receipts: Manufacturer: Oldest unit:			
b. Provide the number of attendants:			
c. Provide the number of and type of extinguishers:			
d. Where are attendants and extinguishers located? <i>(Attach diagram and mark placement)</i>			
e. Provide age/height requirements:			
f. Provide maximum speed of karts:			
g. Are governors installed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
h. What is the maximum number of karts on track at one time?			
i. Are seat belts required? <input type="checkbox"/> Yes <input type="checkbox"/> No If “No”, please explain:			
j. Are helmets required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
k. Are hair socks required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
l. Is engine completely covered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
m. Do karts have roll bars? <input type="checkbox"/> Yes <input type="checkbox"/> No			
n. Are there bumper guards? <input type="checkbox"/> Yes <input type="checkbox"/> No			
o. Describe remote control device for shut down:			
p. Is double riding allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
q. Is there a headrest support? <input type="checkbox"/> Yes <input type="checkbox"/> No			
r. Describe the track surface:			
s. Describe guardrail protection:			
t. What is the amount of gasoline on premises?			
u. How is the fuel stored?			
9. Kiddie Rides – if “Not Applicable” check here <input type="checkbox"/> and proceed to question 10.			
a. Provide the following ride information: # of units: Receipts: # of attendants:			
b. Are all rides in full compliance with ASTM-24 standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			
c. Provide a schedule of rides onsite:			
Name of ride	Manufacturer	Serial #	Coin operated?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Miniature Golf – if “Not Applicable” check here <input type="checkbox"/> and proceed to question 11.			
a. Provide the following course information:			
Total # of holes:	# of courses:	Receipts:	# of attendants:
Manufacturer:		Oldest unit:	
b. Are walkways marked and lighted?			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. What is the surface of the walkway?			
d. Provide the number of course structures equipped with moving parts:			
e. Is access by public limited?			<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are lights covered and protected?			<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are ground fault interrupters in place?			<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Soft Play/Ball Crawl – if “Not Applicable” check here <input type="checkbox"/> and proceed to question 12.			
a. Provide the following play area information:			
Manufacturer:		Oldest unit:	
b. How is equipment anchored?			
c. Describe the type of floor covering:			
d. Provide the number of employees supervising play area:			
e. Is there a set ratio of attendants to children?			<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Will each attraction be supervised by an attendant?			<input type="checkbox"/> Yes <input type="checkbox"/> No
g. How often are maintenance inspections done?			
h. Does applicant deviate from manufacturer’s recommendations for assembly?			<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Parties – if “Not Applicable” check here <input type="checkbox"/> and proceed to question 13.			
a. Provide the following event information:			
Receipts:	# of attendants:	# of parties:	per week per month
b. Describe where parties are held:			
c. Provide the following room information:			
# of exit doors in room:	Average # of patrons:		
Maximum number of patrons:	Are there age restrictions:		<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Describe event supervision:			
13. Laser Tag – if “Not Applicable” check here <input type="checkbox"/> and proceed to question 14.			
a. Provide the following ride information:			
Receipts:	Square footage:	sq. ft.	# of levels:
b. Is area inflatable?			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. How many people participate per session?			
d. How many minutes per game?			
e. How many employees per session?			
f. How many exits (<i>including emergency exits</i>)?			
g. Are emergency exits and lighting checked daily?			<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Describe the venue:			
i. What type of play? <input type="checkbox"/> Individual <input type="checkbox"/> Team			
14. Climbing Walls – if “Not Applicable” check here <input type="checkbox"/> and proceed to question 15.			
a. Are climbing walls: <input type="checkbox"/> Portable <input type="checkbox"/> Stationary			
b. Provide height of wall:			
c. Describe procedures and requirements for climbing wall safety training for all employees:			

claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested. Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association/society. I agree to cooperate with these committees.

NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

I have read the statements above, understand their meaning and agree.

Applicant's signature:

Date:

Applicant's name:

Applicant's title: