

**Fun Center Liability Supplemental**  
(Please complete in addition to an Acord Application)

1. Agency Code: \_\_\_\_\_ Agency: \_\_\_\_\_  
2. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web site: \_\_\_\_\_  
3. Producer: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
4. Assistant: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Application courtesy of <http://www.insurance-applications.com>**

**General Information:**

5. Business Name (dba): \_\_\_\_\_  
6. Legal Name: \_\_\_\_\_ Years In Business: \_\_\_\_\_  
7. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
8. Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
9. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
10. Email Address: \_\_\_\_\_ Web site: \_\_\_\_\_  
11. Type of Entity:  Individual  Partnership  Joint Venture  Corporation  Other: \_\_\_\_\_  
12. Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Need By Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Description of Operations & Exposures:**

13. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business Information:**

14. Total gross receipts: \$ \_\_\_\_\_  
15. Number of admissions: \_\_\_\_\_  
16. Breakdown: \_\_\_\_\_  
\_\_\_\_\_

17. Please describe all playing/vending areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Are there any trampolines?  Yes  No  
If yes, please state the hours of operation: \_\_\_\_\_

19. Are there any roller blade or skateboard facilities?  Yes  No  
If yes, please state the hours of operation: \_\_\_\_\_

20. Are there any "Go-Karts" or other mechanized vehicles?  Yes  No  
If yes, please state the hours of operation: \_\_\_\_\_

21. Please describe parking facilities and lighting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Who is responsible for the paring area? \_\_\_\_\_

23. Please describe entrance & egress markings: \_\_\_\_\_

24. What is the maximum capacity of the facility? \_\_\_\_\_

**Management:**

- 25. Describe duties of owner(s): \_\_\_\_\_
- 26. Does owner(s) or insured(s) lease, operate or are a subsidiary of any other business(es) other than the business applying for insurance?  Yes  No
- 27. If so, are they to be insured under this policy?  Yes  No

**Application courtesy of <http://www.insurance-applications.com>**

- 28. If yes, supply all details. If no, provide a Certificate of Insurance on all other operations. \_\_\_\_\_
- 29. Number of years under current management? \_\_\_\_\_
- 30. Number of years of management experience? \_\_\_\_\_
- 31. Total number of employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
- 32. Describe any formal employee training/educational requirements: \_\_\_\_\_

**Safety:**

- 33. Is there a safety program in force?  Yes  No If yes, please attach copy of safety manual.
- 34. Are children identified so as to match a parent?  Yes  No If yes, please describe: \_\_\_\_\_
- 35. Is there a posted age below which children must be accompanied by an adult?  Yes  No
- 36. Is there any child care service provided?  Yes  No
- 37. Is staff required to have any CPR and/or First Aid Training?  Yes  No
- 38. Please describe first aid facilities: \_\_\_\_\_

**Premises Exposures:**

- 39. Building is located in:  Own Building  Home  Shopping Mall  Other: \_\_\_\_\_
- 40. Area of fun center (sq.ft.): \_\_\_\_\_ Total area of building (sq.ft.): \_\_\_\_\_
- 41. Number of Exits: \_\_\_\_\_ Number of Stories: \_\_\_\_\_
- 42. Age of Building: \_\_\_\_\_
- 43. Date of last building updates: Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_
- 44. Roof: \_\_\_\_\_ Heating \_\_\_\_\_
- 45. Construction:  Frame  Metal Clad  Masonry  Fire Resistive
- 46. Sprinkler System?  Yes  No
- 47. Emergency Lighting?  Yes  No
- 48. Number of Fire Extinguishers on premises? \_\_\_\_\_
- 49. Fire Extinguishers serviced and tagged within the past year?  Yes  No
- 50. Number of Smoke detectors on premises? \_\_\_\_\_
- 51. Are they regularly inspected?  Yes  No How often? \_\_\_\_\_
- 52. Describe all adjacent exposures and distance away from your premises (i.e., restaurants, bakery, etc.):
- 53. To the right: \_\_\_\_\_
- 54. To the left: \_\_\_\_\_
- 55. To the rear: \_\_\_\_\_
- 56. Type of neighborhood:  Commercial  Residential
- 57. Type of building maintenance and frequency: \_\_\_\_\_

**READ AND SIGN BELOW:**

*I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED  
PRIOR TO COVERAGE BEING BOUND**