

THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY
FAMILY ENTERTAINMENT CENTER
SUPPLEMENTAL APPLICATION

AGENT: _____

INSURED: _____

General Information

Business type: Corporation Partnership Individual Joint Venture LLC
 Other:

Mailing Address: _____

Contact Person: _____ # of Yrs. in Operation: _____

Telephone: ___/___/___ Fax No.: ___/___/___ Federal ID# _____

Location Address: _____

Email: _____ Website: _____

Operating Season of Facility: _____

Annual Receipts: \$ _____

How Many Exits: _____ Sq. Ft. Bldg. Area: _____

Hours of Operation: _____

Are you certified with an association? Yes ___ No ___

If yes, with whom? SIOTO ___ ROAR ___ Other _____

Present Coverage

	General Liability	Umbrella/Excess
Name of Carrier		
Limits of Liability		
Deductible		
Policy Term		
Premium		

Additional Information Needed

Please attach the following:

Claims History-Please provide 3-5 year loss runs

Copy of Waiver/Release Form

Completed Equipment Schedule

Operations Exposures

Type	Please Complete	Annual Receipts
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 Operators? _____ Ht. of Observation Fence? _____ ft. Operators at least 10 years 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 Max Engine HP: _____	
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 Type of Seat Belt: _____ Wheel Pads on Steering Wheels? <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	
Trampoline	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Go Karts	Additional Supplemental required – CSGA020 (02/17)	
Attendant Operated Rides	How Many? _____ Describe on attached Equipment Schedule	
Laser Tag	Sq. Ft. Area: _____	
Bounce Play/Soft Play-on Facility Premises	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	
Food Operations: Concession?	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 <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: _____	
Bowling	# of Lanes: _____ Lane Construction: <input type="checkbox"/> Wood <input type="checkbox"/> Synthetic	
Inflatable	Are there Age/ Height/ Weight Limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they clearly displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you prohibit the use by adults (<15 yrs. Old) & Children at the same time? <input type="checkbox"/> Yes <input type="checkbox"/> No Are inflatables properly anchored? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you maintain & operate equipment in accordance with manufactures instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No How often is equipment inspected for damages/safety? _____ Is there a scheduled maintenance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are your amusement devices inspected by the state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often? _____	
Paintball	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, see additional supplemental	
Zip Line	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, see additional supplemental	
Water Slides	# of Slides: _____ Describe each slide on Equipment Schedule.	
Ice/ Roller Skating	Sq. Ft. area of Skating Surface: _____ sq. ft. Surface Composition under ice? _____ Date Last Resurfaced: _____ Rink is: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Waivers/disclaimers on tickets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	Describe: _____	

Risk Management

- 1. Is there a posted age below which children must be accompanied by an adult? Yes No
- 2. Is there child care service provided? Yes No
- 3. Is staff required to have any CPR and/or First Aid Training? Yes No

LIST OF EQUIPMENT – Please attach current list of equipment with Application.

Rides, Inflatables, Slides Details				
Name	Description	Attraction	Age of Equipment	Manufacturer
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

*not applicable in all states

Name _____

Title _____

Signature _____ Date _____