FAMILY ENTERTAINMENT CENTERS (FEC) APPLICATION

BROKER INFORMATION

Broker/Agency Name:					
Address:	Street:	City:		State:	Zip:
Contact Person:	Phone #	Fax #	E-Mail:		Website:

GENERAL APPLICANT INFORMATION

Business Name:			FEIN:		
Address:		City:		State:	Zip:
Contact Person:	Phone #	Fax #	E-Mail:		Website:
Is the proposed insured a subsidiary of another company?	☐ Yes ☐No	Please provide name of parent company if yes:			
Location of FEC :	Street:	City:		State:	Zip:
FEC Name (if different)					
Is the premises owned by the Named Insured?	☐Yes ☐No				

POLICY INFORMATION

Effective Date:		Expiration Date:		Quote Need By Date:	
Previous Insurance Carrier:	Have coverages ever been canceled or non-renewed during past 5 years ☐Yes ☐No				
	If Yes, please provide an explanation:				
Policy Term:	Year:	Year:		Year:	Year:
Limits:					
Annual Premium:					
*Total Incurred Losses:					

*Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of $10,000

COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Deductible/Self-Insured Retention	Other
General Liability					
Special Events					
Other - Describe					

UNDERWRITING INFORMATION

FEC GENERAL INFORMATION:				
Operating Season:		Hours of Operations:		
Are there any Off-Season events? ☐Yes ☐No If Yes, please provide a list of all events planned for upcoming year.				
How many years has this FEC been under the current management?		#		
Total # of Employees:	# Full Time:		# Part Time:	
Is there a FEC Safety Manager?	☐Yes ☐No If Yes, how many years of experience?			
Is the FEC Safety Manager present at all times the facility is open?		☐Yes ☐ No		
Please attach a copy of the Safety Program and training guide for employees.				
What is the size of the facility?	# Acreage:		# Sq. Ft.:	
Are you an IAPPA Exclusive Member?	☐Yes ☐No			
Patron admission costs:	Adult: $		Child: $	

FEC Attractions

Projected total receipts for upcoming year:	$	Actual total receipts from prior year:	$
Prior year total admission receipts:	$	Prior year total parking receipts:	$

Description	Included		Total Receipts	Participant Waiver of Liability		Supplemental App Required
Amusement rides – Attendant or coin operated	☐Yes	☐No	$	☐Yes	☐No	Refer to section on app
Arcades	☐Yes	☐No	$			Refer to section on app
Babysitting/Nursery	☐Yes	☐No	$	☐Yes	☐No	
Basketball/Volleyball	☐Yes	☐No	$			
Batting Cages	☐Yes	☐No	$	☐Yes	☐No	Refer to section on app
Billiards	☐Yes	☐No	$			Refer to section on app
Birthday Parties	☐Yes	☐No	$	☐Yes	☐No	
Bowling	☐Yes	☐No	$	☐Yes	☐No	Refer to section on app
Bumper Boats	☐Yes	☐No	$	☐Yes	☐No	Refer to section on app
Bumper Cars	☐Yes	☐No	$	☐Yes	☐No	Refer to section on app
Concerts/Live Performances	☐Yes	☐No	$			
Concessions – Non Alcohol	☐Yes	☐No	$			Refer to Food section on app
Alcohol	☐Yes	☐No	$			☒Alcohol Only
Euro Bungee	☐Yes	☐No	$	☐Yes	☐No	☒
Fireworks	☐Yes	☐No	$			☒
Gift Shops/Pro Shops	☐Yes	☐No	$			
Go Karts	☐Yes	☐No	$	☐Yes	☐No	Refer to section on app
Golf Driving Ranges	☐Yes	☐No	$			Refer to section on app
Ice Skating	☐Yes	☐No	$	☐Yes	☐No	☒
Inflatables	☐Yes	☐No	$	☐Yes	☐No	Refer to section on app
Laser Tag	☐Yes	☐No	$	☐Yes	☐No	Refer to section on app
Miniature Golf	☐Yes	☐No	$			Refer to section on app
Paintball	☐Yes	☐No	$	☐Yes ☐No (Required)		Refer to section on app
Playground Equipment - Outdoor	☐Yes	☐No	$			Please describe:
Playground Equipment – Indoor (Softplay)	☐Yes	☐No	$			Please describe:
Rock Wall	☐Yes	☐No	$	☐Yes ☐No (Required)		Refer to section on app
Roller Skating	☐Yes	☐No	$	☐Yes	☐No	☒
Rope Ladders	☐Yes	☐No	$	☐Yes	☐No	☒
Simulator/Virtual Reality	☐Yes	☐No	$			
Tennis	☐Yes	☐No	$			
Trampolines	☐Yes	☐No	$	☐Yes	☐No	
Water Exposure: Please describe:	☐Yes	☐No	$			
Other:	☐Yes	☐No	$			
Other:	☐Yes	☐No	$			

FEC OPERATION INFORMATION:

Do you sponsor any sporting or social events?	☐Yes ☐No If Yes, please describe:
Do you have any overnight events:	☐Yes ☐No If Yes, please describe:
Do you sponsor any type of competition?	☐Yes ☐No If Yes, please describe:
Do you have any indoor/outdoor special events with 250+ spectators?	☐Yes ☐No If Yes, please provide a list of all events with a complete description
Do you have any overnight lock-ins?	☐Yes ☐No

Safety Information:

Are all curbs, steps and ledges highlighted? ☐Yes   ☐No   Does facility comply with ADA? ☐Yes   ☐No

Are you contemplating any demolition, new construction or structural alterations? ☐Yes   ☐No   If Yes, please describe:

Is the facility in compliance with all governmental safety and fire codes?   ☐Yes   ☐No

Describe the medical support system:

AEDs on premises: ☐Yes   ☐No   If Yes, how many and are staff trained on use?   # First Aid/CPR Trained staff:

Distance to nearest Medical Facility: # of miles: Distance to nearest Fire Station: # of miles:

Is there a formal emergency evacuation plan?   ☐Yes   ☐No   If Yes, provide a copy

Describe the fire alarm system – central station, local alarm, etc.:

Are all fire extinguishers easily accessible in all buildings?   ☐Yes   ☐No

Are they checked:☐ Monthly   ☐Annually   ☐Other – pleas describe:

Do you have fire extinguishers located in all buildings, at all attractions?   ☐Yes   ☐No

Describe the burglar alarm system:

Does the facility have back-up emergency lighting or generators: ☐Yes   ☐No

Are all exits well marked: ☐Yes   ☐No   How many exits are in the facility?

Are there any security cameras in place?   ☐Yes   ☐No

Grand Stands/Bleachers:	☐ Yes ☐No	Year Built: #	Height:
Number of Seats:		Type of Seat: ☐ Wood ☐ Metal ☐ Concrete	
Construction Type: ☐ Frame ☐ Wood ☐ Metal ☐ Concrete			
Is there a documented inspection/maintenance program?	☐ Yes ☐No If Yes, date of last inspection?		

Parking Area:

Describe Parking Area: type of surface, level, sloped, lighting etc.:

Do you provide valet parking?	☐ Yes ☐No
Is Parking Area Security Patrolled:	☐ Yes ☐No
Does Parking Area have sufficient lighting? ☐ Yes ☐No	

SPECIAL OPERATIONS:

AMUSEMENT RIDES

Does the facility adhere to all ASTM (American Society for Testing and Materials) standards for all applicable rides and devices?	☐Yes ☐No
Are pre-opening and regularly scheduled preventative maintenance inspections performed?	☐Yes ☐ No
If Yes, Do they meet the ASTM – F-853 standards in addition to the manufacturers' specifications?	☐Yes ☐No
Is there fencing or barriers in place for each ride to prevent unauthorized access?	☐Yes ☐No
Are safety warnings and instructional signs in place at each ride/attraction?	☐Yes ☐No

Have any of your rides or attractions been manufactured and/or retrofitted by you? ☐Yes ☐No If Yes, please provide a list of the rides and a complete description of the changes made.

Have you ever sold any of your rides or attractions?	☐Yes ☐No

ARCADES

Provide types of arcade games:	How many games?	#

Describe the maintenance program: Do you perform maintenance? Contractors? How often?

Are the floors in the arcade area non-slip, non-conductive?	☐Yes ☐No
How many attendants are present in the arcade area?	#

BATTING CAGES

What is the number of batting cages?	#	How many attendants are present during operation?	#
Are participants required to be at least 8 years old?	☐Yes ☐No If No, what is the minimum age?		
Are pitching machines properly calibrated as per Mfg. specs?	☐Yes ☐No		
Are batting cage doors self-closing & self- latching?	☐Yes ☐No	Are only MFG. approved balls used?	☐Yes ☐No
Do all batting cages have safety, warning, and instructional signs posted?	☐Yes ☐ No		
Is only 1 participant permitted per batting cage?	☐Yes ☐No	Are helmets required for all participants?	☐Yes ☐No
Are batter areas clearly marked for left & right handed batters?	☐Yes ☐No		
Is the batter area a non-skid surface?	☐Yes ☐No	Are home plates clearly marked & secured?	☐Yes ☐No
Are the batting cages completely enclosed with no holes or breaks?	☐Yes ☐No		
Can participants alter settings on the pitching machine?	☐Yes ☐No		
Are pitching machines set at maximum speeds?	☐80 MPH for >12 YO ☐65 MPH for <12YO Other:		

BILLIARDS

What is the number of billiard tables?	#	Are tournaments permitted?	☐Yes ☐ No
Are there any attendants monitoring the billiard area?	☐Yes ☐ No	Is the surface non-slip?	☐Yes ☐No

BOWLING

What is the number of lanes?	#	Lane finish: ☐Lacquer ☐Polyurethane ☐Urethane ☐Water Based
Do you contract for lane refinishing?	☐Yes ☐ No	Are any flammable liquids properly stored? ☐Yes ☐No
What is the percentage of business from:	% Leagues:	$ Open play:
Do you sponsor professional tournaments?	☐Yes ☐No	Is the Pro: ☐Employee ☐Independent Contractor

BUMPER BOATS

How many boats?	#	Who is the Manufacturer?
How many attendants in place during operation?	#	Are they trained in CPR/First Aid? ☐Yes ☐No
Is the water depth 4 ft. or less?	☐Yes ☐No If No, what is the depth?	
What is the height of the observation fence?	Are the propellers on the motor protected?	☐Yes ☐No
Are participants required to be at least 10 years old or taller than 48"?	☐Yes ☐No If No, please provide details:	
What is the maximum engine HP?	What is the # of gallons of gasoline stored at the facility?	
Is gasoline stored in compliance with NFPA and local Fire Marshal standards?	☐Yes ☐No If No, please provide specific storage details:	

BUMPER CARS					
How many bumper cars?	#		Who is the Manufacturer?		
How many attendants in place during operation?	#		Are they trained in CPR/First Aid?		☐Yes ☐No
Are bumper cars equipped with a dash pad and headrest?		☐Yes ☐No	Type of Seatbelt:		
How often are the bumper-cars inspected?	☐Daily	☐Every other day	☐Weekly	☐Other:	
What are the minimum height and age requirements?					
How are spectators restricted from bumper cars while in motion?					

FOOD SERVICE		
Describe types of food sold:		
Are food services handled by:	☐Insured	☐Subcontractor
Are there grills and deep fat fryers? ☐Yes ☐No If Yes, is there an automatic extinguishing system? ☐Yes ☐No		
How often are the ducts and hoods cleaned?		By whom: Insured

GO KARTS: TRACK #1				
How many Go Karts?	Single #	Double #	Who is the Manufacturer?	
How many Karts are on track at one time?		What is maximum speed?	Mph:	
Are governors/remotes used to control speed?	☐Yes ☐No	Is racing allowed?	☐Yes ☐No	
Does track meet ASTM Standard F-2007-12?			☐Yes ☐No	
Are track rules clearly & prominently posted?	☐Yes ☐No			
How many attendants in place during operation?	#	Are they trained in CPR/First Aid?	☐Yes ☐No	
Are tracks indoor or outdoor?	☐Indoor ☐Outdoor	If Indoor, describe air quality controls:		
Does the track have a continuous containment area in place?	☐Yes ☐No	Is it secured?	☐Yes ☐No	
What are the minimum height and age requirements?	Height:	Age:		
Are safety belts required? ☐Yes ☐No	Are Go Karts equipped with roll bars & bumper guards		☐Yes ☐No	
Are proper signs in place for instruction & enforcement of participants' clothing & hair restraints?			☐Yes ☐No	
Is gasoline stored in compliance with NFPA and local Fire Marshall standards?	☐Yes ☐No If No, please provide specific storage details:			
Are fire extinguishers located in the pit/refueling/track area?	☐Yes ☐No			

GO KARTS: TRACK #2				
How many Go Karts?	Single #	Double #	Who is the Manufacturer?	
How many Karts are on track at one time?		What is maximum speed?	Mph:	
Are governors/remotes used to control speed?	☐Yes ☐No	Is racing allowed?	☐Yes ☐No	
Does track meet ASTM Standard F-2007-12?			☐Yes ☐No	
Are track rules clearly & prominently posted?	☐Yes ☐No			
How many attendants in place during operation?	#	Are they trained in CPR/First Aid?	☐Yes ☐No	
Are tracks indoor or outdoor?	☐Indoor ☐Outdoor	If Indoor, describe air quality controls:		
Does the track have a continuous containment area in place?	☐Yes ☐No	Is it secured?	☐Yes ☐No	
What are the minimum height and age requirements?	Height:	Age:		
Are safety belts required? ☐Yes ☐No	Are Go Karts equipped with roll bars & bumper guards		☐Yes ☐No	
Are proper signs in place for instruction & enforcement of participants' clothing & hair restraints?			☐Yes ☐No	
Is gasoline stored in compliance with NFPA and local Fire Marshall standards?	☐Yes ☐No If No, please provide specific storage details:			
Are fire extinguishers located in the pit/refueling/track area?	☐Yes ☐No			

GO KARTS: TRACK #3				
How many Go Karts?	Single #	Double #	Who is the Manufacturer?	
How many Karts are on track at one time?		What is maximum speed?	Mph:	
Are governors/remotes used to control speed?	☐Yes ☐No	Is racing allowed?	☐Yes ☐No	
Does track meet ASTM Standard F-2007-12?			☐Yes ☐No	
Are track rules clearly & prominently posted?	☐Yes ☐No			
How many attendants in place during operation?	#	Are they trained in CPR/First Aid?	☐Yes ☐No	
Are tracks indoor or outdoor?	☐Indoor ☐Outdoor	If Indoor, describe air quality controls:		

Does the track have a continuous containment area in place?	☐Yes ☐No	Is it secured? ☐Yes ☐No

What are the minimum height and age requirements?	Height: Age:
Are safety belts required? ☐Yes ☐No	Are Go Karts equipped with roll bars & bumper guards ☐Yes ☐No
Are proper signs in place for instruction & enforcement of participants' clothing & hair restraints?	☐Yes ☐No
Is gasoline stored in compliance with NFPA and local Fire Marshal standards?	☐Yes ☐No If No, please provide specific storage details:
Are fire extinguishers located in the pit/refueling/track area? ☐Yes ☐No	

GOLF DRIVING RANGES

What is the number of driving stalls? #	Are restricted areas marked? ☐Yes ☐No
Are there partitions between tee boxes? ☐Yes ☐ No	Is the number of people in a stall restricted? ☐Yes ☐No
Are there any other attractions exposed in the driving range?	☐Yes ☐No If Yes, please describe:
Do you sponsor professional tournaments? ☐Yes ☐No	Is the Pro: ☐Employee ☐Independent Contractor

INFLATABLES

Please attach a detailed list of all inflatables to be used. Include name, manufacturer, description, brochures and photos.

Will inflatables be set up indoors or outdoors?	☐Indoors ☐ Outdoors If outdoors, is the ground level? ☐Yes ☐No
How many attendants are stationed at each inflatable? #	Age: If under 18, please describe experience, supervision

Describe the quality controls measures for inflatables: Include # of checks, inspections, log maintenance, warning labels and safety instructions etc.

Are weight and age limits posted and enforced?	☐Yes ☐No If No, please provide details:
Are participants of similar size and ability grouped together when necessary?	☐Yes ☐No If No, please provide details:

Describe controls used to limit participants on single user rides – slides, etc.:

Are inflatables ever rented to others?	☐Yes ☐No If yes, please describe:

LASER TAG

What Is the square footage of the arena? #	Describe the arena: any ramps, steps, barriers?
How many attendants in place during operation? #	Are they trained in CPR/First Aid? ☐Yes ☐No
What is the maximum number of players allowed in arena? #	
Are instructions, safety procedures & training given to players?	☐Yes ☐No If No, please explain:
What are the minimum height and age requirements?	

MINATURE GOLF COURSES

How many courses on premises? #	How many holes per course? #
Who is the course manufacturer?	
Is there a non-skid surface on all walkways? ☐Yes ☐No	Are walkways lighted and marked? ☐Yes ☐No
Are all moving parts guarded and maintained for players?	☐Yes ☐No
Do all electrical attachments have ground fault interrupters??	☐Yes ☐No

PAINTBALL – A copy of the Waiver/Release is Required

What Is the square footage & number of field(s)? #	Ratio of judges to players?

Describe the field in detail: indoor, outdoor, any ramps, steps, barriers, fencing, netting, boundary markings?

List protective gear provided to players or required if they bring their own:

Does equipment including netting meet ASTM standards?	☐Yes ☐No If No, please explain:
Is the velocity tested on equipment & players own equipment?	☐Yes ☐No If No, please explain:

Do you sponsor or hold special events or tournaments?	☐Yes ☐No	If Yes, please provide details:	
What are the minimum height and age requirements?			
What's the maximum number of players in the field?	#	Are players separated by age/experience?	☐Yes ☐No
Are spectators properly protected from the paintball field?		☐Yes ☐No If No, please explain:	

Are instructions, safety procedures & training posted and provided to players?		☐Yes ☐No If No, please explain:	
How many attendants in place during operation?	#	Are they trained in CPR/First Aid?	☐Yes ☐No

ROCK WALLS – A copy of the Waiver/Release is Required

How many rock walls at location?	#	Is the rock wall:	☐Permanent ☐Portable	Height of Wall:	
Who is the manufacturer?		Does the rock wall meet CWIG (Climbing Wall Industry Group) standards?		☐Yes ☐No If No, please explain:	
Is the rock wall indoors or outdoors?		☐Indoors ☐ Outdoors If outdoors, is the ground level?		☐Yes ☐No	
How many attendants are stationed at rock wall?	#	Age:	If under 18, please describe experience, training, supervision, etc.		

Describe the safety measures for the rock wall: Include check in process, climbing requirements, belay system, cable replacement, inspections, log maintenance, warning signs and safety instructions, employee training etc.

Are weight and age limits posted and enforced?	☐Yes ☐No If No, please provide details:
Are participants of similar size and ability grouped together when necessary?	☐Yes ☐No If No, please provide details:
How many climbers are allowed on the wall at any one time?	#

Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:	
1. The Family Entertainment Center Application & Supplemental Applications as required	☐
2. List of all amusement rides and identify which have been manufactured or retrofitted by you	☐
3. Detailed list of all inflatables including manufacturer, description, brochures, photos	☐
4. Special event schedule for upcoming year if applicable	☐
5. Copy of expiring insurance policy	☐
6. Copy of safety program and training guide for employees	☐
7. Copy of any lease agreements	☐
8. Copy of all subcontractor agreements including certificates of insurance naming the Fair as an additional insured (liquor, pyrotechnics, security, etc.)	☐
9. Copy of written emergency evacuation procedures	☐
10. 5 Year Hard Copy Loss Runs – currently valued	☐

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____   _____ _____
Signature of Owner, Partner, Member, Principal, or Officer   Applicant's Printed Name:
Authorized to Sign as Applicant

Title: _____   Date: _____

Producer Name: _____License#: _____

THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.

STATE SPECIFIC FRAUD WARNINGS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE in THE DISTRICT OF COLUMBIA

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For you protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON

Any person who knowingly and with intent to defraud any insurance company or another 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, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.