



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, IN 46801-2338
 1-800-553-8368 Fax 1-260-459-5624
 www.kandkinsurance.com
 CA# 0334819

THEMED ATTRACTIONS APPLICATION

GENERAL INFORMATION

1. Named Insured as it is to appear on policy: _____
2. Doing Business As: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Phone Number (_____) _____
 E-mail Address: _____
3. Location of themed attraction (if different): _____
 City: _____ State: _____ Zip: _____ Phone Number (_____) _____
4. Contact person: _____ Title: _____
 Contact person is: Owner General Manager Other: _____
 Daytime phone:(_____) _____ Nighttime phone:(_____) _____ Fax#:(_____) _____
 Website: _____ Tax ID#: _____
5. Name of Agency: _____
 Contact person: _____ Phone Number (_____) _____ Fax#:(_____) _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Phone Number (_____) _____
6. IAAPA Member? (International Association of Amusement Parks and Attractions) Yes No

POLICY INFORMATION AND COVERAGE

7. Policy period requested: From: _____ To: _____
8. Projected opening and closing dates of the season: From: _____ To: _____
9. How long has insured been in business? _____ At this location? Yes No
10. How many years of management experience? _____
11. What is the total acreage of the grounds? _____
12. Is the ground leased to others? Yes No
 If yes, explain: _____

13. Do any of the following exposures exist on your premises:

<input type="checkbox"/> Petting Zoo	<input type="checkbox"/> Camping	<input type="checkbox"/> Animal Rides	<input type="checkbox"/> Stunt Shows
<input type="checkbox"/> Laser Tag	<input type="checkbox"/> Paintball	<input type="checkbox"/> Wagon Rides	<input type="checkbox"/> Sewage Treatment Plants
<input type="checkbox"/> *Liquor Sales	<input type="checkbox"/> *Fireworks	<input type="checkbox"/> *Children's Day or Overnight Camps	

* Requires separate application.

COVERAGE INFORMATION

14. Check the type of coverage desired. Attach appropriate accord application(s) and/or schedule(s).

- General Liability Auto Inland Marine Crime
- Workers' Compensation Property Excess Employee Benefits Liability (# of employees: _____)

15. Do you engage in any other business operations under the name of the insured as will appear on the policy?

- Yes No

If yes, explain: _____

PRIOR CARRIER INFORMATION

16. Is there currently a deductible? Yes No Amount: \$ _____

17. Has this insurance ever been cancelled, declined, non renewed? Yes No

If yes, please explain (not applicable in Missouri): _____

BUSINESS INFORMATION

18. Are all cooking areas protected by automatic fire systems? Yes No

19. Is there a back-up emergency electrical power source for lights and communications? Yes No

20. Are fire extinguishers located in each building? Yes No

21. What is the distance to the nearest fire station? _____

22. What is the distance to the nearest hospital? _____

23. Is there an ambulance on site? Yes No

24. Provide the minimum number of medical personnel at the park for the following:

_____ Paramedic _____ EMT/EMS _____ Nurses _____ CPR Certified

25. Provide the minimum number of security personnel at the park for the following:

_____ Professional Service _____ Uniformed Officers _____ Employees _____ Other(_____)

26. If employees, are they armed? Yes No

If yes, attach training procedures: _____

27. Do you have any arm wrestling, punching bags or sonic boom arcade type machines? Yes No

If yes, provide description: _____

28. Describe any and all water hazards: lake, stream, swimming pool, marina, bathing beach (including width and depth) that are not rides: _____

29. Describe type of seating: _____

30. Number of Grandstands: _____ NA Year Built: _____

Construction: Wood Concrete Metal Grandstand Height: _____(ft)

Guardrails: Sides Back Kick boards in place? Yes No

31. Number of Bleachers: _____ NA Year Built: _____

Number Fixed: _____ Construction: Wood Concrete Metal Bleacher Height: _____(ft)

Number Portable: _____ Construction: Wood Metal Bleacher Height: _____(ft)

Guardrails: Sides Back Kick boards in place? Yes No

32. Do you have a documented inspection/maintenance program for grandstands and/or bleachers? Yes No
 If yes, date of last inspection: _____
33. Is there a qualified ride inspector to perform mechanical and electrical inspections? Yes No
 If yes, give name(s) and years experience: _____
34. How many rides do you own? _____ How many rides are contracted or leased? _____
35. Give description of contracted or leased rides: _____

36. Are maintenance manuals for all rides kept on premises? Yes No
37. Do the rides meet the ASTM standard? Yes No
 If no, please explain: _____

38. Are hazardous or toxic materials stored on premises? Yes No
 If yes, explain how and where: _____

39. Are certificates of insurance obtained from independent contractors and vendors? Yes No
 If yes, what limit of liability is required? _____
 Are you named as an additional insured? Yes No
40. Do you have a petting zoo? Yes No
 If Yes, is it operated by an independent contractor? Yes No
 If Yes, do you receive a certificate of insurance naming you as an additional insured? Yes No
41. Do you have a contract with a hold harmless and indemnification agreement? Yes No
42. Are all animals properly vaccinated? Yes No
43. Is there a hand washing at the exit of the petting zoo? Yes No
44. Is there signage posted with regard to the importance of hand washing after animal contact? Yes No

PATRON INFORMATION

45. Are patrons required to walk across public highways from the parking area? Yes No
46. Are buses or trams used on the premises? Yes No
47. Are curbs, steps or ledges highlighted? Yes No
48. Are signs posted to identify assumption of risk for rides? Yes No
49. Patron admission cost: Adult \$ _____ Child \$ _____ Discount \$50 _____
50. Total annual attendance: _____
- Previous year gross receipts from:
- | | |
|-------------------------|------------------------------|
| Admissions \$ _____ | Food/Beverage \$ _____ |
| Beer/Liquor \$ _____ | Novelty/Merchandise \$ _____ |
| Rides \$ _____ | Arcade Games \$ _____ |
| Other: (describe) _____ | \$ _____ |
- Total gross receipts \$ _____

SUMMARY OF REQUESTED ITEMS

51. Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:

- Diagram of grounds/themed attraction and or brochure.
- Most current financial statement
- Detailed loss history listings from previous carrier(s) (4 years).
- Copy of ride inspection forms and ride operator training manuals.
- Copy of non-destructive testing, ultrasound, x-ray, magnaflux testing required by manufacturers of specific rides.
- Complete schedule of events and event dates.
- Contracts/lease agreements/hold harmless agreements between the event management and any other party with regard to the event.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

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