

# FAMILY ENTERTAINMENT CENTER INSURANCE QUESTIONNAIRE

|  |
| --- |
|  |

* **NOTE: This questionnaire is to be submitted along with the following completed and signed forms:**
  + **ACORD Applicant Information Section 125**
  + **ACORD Commercial General Liability Section 126**
  + **ACORD Applications for other requested coverages: Property; Garage; Crime; Inland Marine; Transportation; Excess Liability; Employment Related Practices.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL INFORMATION** | | | | | | | | |
|  | | | | | | | | |
| 1. Name of Insured (Applicant): | | | | | | | | |
| 2. Location/Address (if different from ACORD): | | | | | | | | |
| 3. What is the insured’s FEIN number? | | | | | | | | |
| 4. What is the insured’s website address? | | | | | | | | |
| 5. Number of years in business? | | | | | | | | |
| 6. Does the insured conduct any other operations under this name?  Yes  No  If yes, please explain: | | | | | | | | |
|  | | | | | | | | |
| **UNDERWRITING INFORMATION** | | | | | | | | |
| 1. Please provide the following from your most recent operating season: | | | | | | | | |
| Operating season of the park/facility:       to | | | | | | | | |
| Paid Admission Receipts: $ | | | | | | | | |
| What is the average that customers spend? | | | | | | | | |
|  | **Attraction** | | **Receipts** | | | **Attraction** | | **Receipts** |
|  | Arcades | | $ | | | Go Karts | | $ |
|  | Axe-Throwing | | $ | | | Golf Driving Ranges | | $ |
|  | Batting Cages | | $ | | | Group Sales | | $ |
|  | Billiards | | $ | | | Inflatables | | $ |
|  | Birthday Parties | | $ | | | Kiddie Rides | | $ |
|  | Bowling | | $ | | | Laser Tag | | $ |
|  | Bumper Boats | | $ | | | Miniature Golf | | $ |
|  | Bumper Cars | | $ | | | Ropes Course | | $ |
|  | Food/Snacks | | $ | | | Climbing Wall | | $ |
|  | Gift Shops/Pro Shops | | $ | | |  | |  |
| Other (please list other attractions or revenue sources and their receipts separately): | | | | | | | | |
| AR-100 Expiration Date (Texas Only): | | | | | | | | |
|  | | | | | | | | |
| EMPLOYEES | | | | | | | | |
| 1. Total number of employees: | |  | | Full Time: |  | | Part Time/Seasonal: |  |
| 2. Do you have a full-time safety manager?   Yes  No | | | | | | | | |
| 3. Do all ride/attraction attendants receive documented training on the specific standard operating  procedures and emergency procedures for the ride(s) and/or attractions(s) they will work on?  Yes  No | | | | | | | | |
| 4. Do you have security on site?  Yes  No  If yes, please select the box that applies:  Employed Armed Security  Employed Unarmed Security  Independent Security | | | | | | | | |
|  | | | | | | | | |
| LIFE SAFETY INFORMATION | | | | | | | | |
| 1. Is there someone on premises at all times that is certified in First Aid and CPR?  Yes  No | | | | | | | | |
| 2. Does the park have an AED on site?  Yes  No | | | | | | | | |
| 3. Is there someone trained and certified in AED usage on premises at all times?  Yes  No | | | | | | | | |
| 4. Distance to nearest hospital or fire station? | | | | | | | | |
| 5. Are fire extinguishers inspected internally monthly?  Yes  No | | | | | | | | |
| 6. Are fire extinguishers inspected and serviced annually by a certified company?  Yes  No | | | | | | | | |
| 7. Do you have at least one fire extinguisher easily accessible for each building?  Yes  No | | | | | | | | |
| 8. Are fire extinguishers properly mounted, displayed and located in a conspicuous and  easily accessible location in each building per OSHA and NFPA standards?  Yes  No | | | | | | | | |
| 9. Is there an emergency lighting system on premises and in building?  Yes  No | | | | | | | | |
|  | | | | | | | | |
| PREMISES/OPERATIONS | | | | | | | | |
| 6. 1. Does the facility have copies of and adhere to ASTM (American Society for Testing and Materials) standards for all applicable rides and devices?  Yes  No | | | | | | | | |
| 7. 2. Are documented pre-opening inspections and regularly scheduled preventative maintenance  inspections performed per applicable ASTM standards as well as the ride manufacturers’  specifications?  Yes  No | | | | | | | | |
| 3. Is fencing around the entire perimeter of each ride to restrict unauthorized access?  Yes  No | | | | | | | | |
| 4. Are safety, warning, and instructional signs in place at each ride/attraction?  Yes  No | | | | | | | | |
| 5. Are there any water hazards or unfenced bodies of water on your premises?  Yes  No | | | | | | | | |
| 6. 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 or attractions with a description of the changes made***. | | | | | | | | |
| 7. Do you provide concerts or any live entertainment?   Yes  No  If yes, please explain. | | | | | | | | |
| 8. Do you have any indoor/outdoor special events where 500 or more spectators are present?  Yes  No  If yes, please provide details. | | | | | | | | |
| 9. Are food operations handled by:  Insured?  Subcontractor?  If handled by subcontractor, are certificates of insurance required naming the Insured  as an Additional Insured?  Yes  No  Are cooking facilities with grills and deep fat frying present?   Yes  No  Are these areas protected by a fire suppression system?   Yes  No  Do you have a contract for maintenance of the hood systems on a regular basis?  Yes  No | | | | | | | | |
| 10. Please provide the following information concerning your parking areas:  - Does your parking area have a hard, smooth surface?   Yes  No  - If open after dark, are your parking areas lighted?   Yes  No  - Does security patrol your parking areas?   Yes  No | | | | | | | | |
| 11. Are all curbs, steps, and ledges highlighted?   Yes  No | | | | | | | | |
| 12. Does your facility comply with current standards set by the Americans with Disabilities Act?   Yes  No | | | | | | | | |
| 13. Does applicant own any other commercial property or have additional operations?  Yes  No  If yes, please explain. | | | | | | | | |
| 14.  Do you have custodial care of minors (parent night out, day care, day camp, drop off service,  etc.)?  Yes  No  ***If yes, please describe and complete the Abuse and Molestation Supplemental Questionnaire.*** | | | | | | | | |
| 15. Will each attraction be supervised by an attendant during all hours of operation?   Yes  No  If no, please explain. | | | | | | | | |
|  | | | | | | | | |

## *Please provide information for any of the following attractions at your Family Entertainment Center:*

## ARCADES, AXE-THROWING, BATTING CAGES, BILLIARDS, BOWLING, BUMPER BOATS, BUMPER CARS, GOLF DRIVING RANGES, GO-KARTS, INFLATABLES, LASER TAG, MINIATURE GOLF, AND KIDDIE RIDES

|  |  |
| --- | --- |
|  | |
| ASTM | |
| Does the park have copies and adhere to the following ASTM Standard: | |
| - ASTM F770 – Standard Practice for Ownership, Operation, Maintenance, and Inspection ofAmusement Rides and Devices?  Yes  No | |
| **ARCADES** | |
| Number of games: | |
| Are arcade games wired per national Electric Code (NEC Standards)?  Yes  No | |
| **AXE-THROWING** | |
| Does the facility include axe-throwing as an attraction?  Yes  No | |
| If yes, complete the Axe-Throwing Questionnaire. | |
| **BATTING CAGES** | |
| Number of batting cages? | |
| Are participants at least eight (8) years old?   Yes  No | |
| Are pitching machines properly calibrated as per manufacturers’ specifications?   Yes  No | |
| Are batting cage doors self-closing and self-latching?  Yes  No | |
| Are only manufacturer approved balls utilized?   Yes  No | |
| Is safety, warning, and instructional signage posted on every batting cage entrance?  Yes  No | |
| Is there only one participant per batting cage permitted at one time?   Yes  No | |
| Are participants required to wear batting helmets?   Yes  No | |
| Are batter areas clearly marked for left handed and right handed batters?   Yes  No | |
| Are home plates clearly marked and secured to the ground?   Yes  No | |
| Is netting and fencing regularly inspected for holes and repaired promptly?   Yes  No | |
| Can participants alter the settings on the pitching machines?   Yes  No | |
| Are pitching machine speeds set no higher than manufacturer guidelines?   Yes  No | |
| Are age and height standards clearly posted and adhered to per manufacturer guidelines?  Yes  No | |
| Is the area monitored by an attendant?  Yes  No | |
| Is accuracy and maintenance of machines checked daily?  Yes  No | |
| Do the machines have a visual indication on coin operated batting cages of when machine has pitched  its last ball?  Yes  No | |
| **BILLIARDS** | |
| Number of billiard and/or pool tables: | |
| Is the area monitored by an attendant?  Yes  No | |
| **BOWLING** | |
| Number of Lanes: | |
| Are ball racks secured to the floor?  Yes  No | |
| Lane Construction: Wood  Synthetic | |
| Lane Finish: Lacquer  Polyurethane  Urethane  Water Based | |
| Who is responsible for refinishing the lanes?Owner/Management  Subcontractor | |
| Does lane conditioning/oiling stop short of the foul line to prevent falling?  Yes  No | |
| Who is responsible for refinishing the pins?Owner/Management  Subcontractor | |
| Are all flammable liquids properly stored on premises?  Yes  No | |
| Is a Hand Intrusion Sensor installed on the ball return to lower the risk of a hand injury?  Yes  No | |
| **BUMPER BOATS** | |
| Are operators required to be at least 10 years old or taller than 48"?   Yes  No | |
| Is the height of observation fence at minimum of 4 feet tall?   Yes  No | |
| Do you have a minimum of one attendant during operation overseeing operation?  Yes  No | |
| Are the propellers on the motor protected?   Yes  No | |
| Is warning signage and rider rules posted and enforced?  Yes  No | |
| Who manufactures the bumper boats?  Yes  No | |
| Is the depth of the water 4 feet or less?  Yes  No | |
| Who manufactures the bumper boats? | |
| **BUMPER CARS** | |
| Are riders required to be at least 10 years old or taller than 48"?   Yes  No | |
| Who manufactures the bumper cars? | |
| Are bumper cars equipped with a dash pad and headrest pad?   Yes  No | |
| Are seat belts required?   Yes  No | |
| Do you have a minimum of one attendant during operation overseeing operation?  Yes  No | |
| Is warning signage and rider rules posted and enforced?   Yes  No | |
| Does fencing separate spectators from the floor area?   Yes  No | |
| **GOLF DRIVING RANGES** | |
| Are the edges of the driving range protected by fencing or netting?   Yes  No | |
| Are there partitions between tee boxes?   Yes  No | |
| Can golf balls be hit into any of the attraction areas, parking lots, or roads?  Yes  No | |
| **GO KARTS** | |
| Number of go kart tracks: | |
| Number of go karts: | |
| What year were the go karts manufactured? | |
| Are tracks indoor or outdoor?  Indoor  Outdoor | |
| If indoor, please describe the air quality controls in place. | |
| Does the track have a continuous containment system in place and is it appropriately secured?  Yes  No | |
| Who manufactures the go karts?  Formula K  J&J  Shaller  Sodi  Other | |
| How old are the go karts? | |
| If J&J – has the rear axle cover kit been installed with manufacturer parts?  Yes  No | |
| What is the maximum speed?       mph | |
| Are governors installed to control speed?   Yes  No | |
| Is an automatic slowdown system installed in the pit?  Yes  No | |
| Minimum age requirement? | |
| Minimum height requirement? | |
| Are participants required to wear safety belts?   Yes  No | |
| Is a remote control device for emergency slow down or shut down of go karts utilized  on all tracks?  Yes  No | |
| Are go karts equipped with roll bars and bumper guards?   Yes  No | |
| Are track rules clearly and prominently posted?  Yes  No | |
| Are the rear axles on all go karts open or covered?  Open  Covered | |
| Are the drive pulleys on all go karts open or covered?  Open  Covered | |
| Is proper signage and enforcement of loose clothing and hair restraints in place?   Yes  No | |
| Are attendants trained to ensure that patrons with long hair and/or loose clothing is properly  restrained to eliminate the risk of being entangled in rotating parts?  Yes  No | |
| Are manufacturer recommended gas caps utilized with all components in place and in proper  working condition?  Yes  No | |
| Are the go-kart tracks properly staffed to operate safely and allow for an immediate response to  track incidents, as well as to meet manufacturer requirements and ASTM standards?  Yes  No | |
| How many attendants are there during operations? | |
| Any timed racing allowed?  Yes  No | |
| Does gasoline storage meet NFPA and local fire Marshall standards and laws?  Yes  No | |
| Distance between refueling area and track? | |
| Spectators clearly separated from track?  Yes  No | |
| Are waivers signed?  Yes  No | |
| Are fire extinguishers located in the pit/refueling/track areas?  Yes  No | |
| Is a written log kept of daily inspection?  Yes  No | |
| Is there a system in place to prevent patrons from consuming alcohol prior to operating karts  (i.e. wristband or hand stamp)?  Yes  No  If yes, please describe. | |
| **INFLATABLES** | |
| Provide detailed list of inflatable(s) to be used. | |
| Where will inflatable(s) be set up?  Indoor  Outdoor | |
| Are inflatables set up and secured per manufacturer guidelines?  Yes  No  If inflatables are setup outside, how will they be secured? | |
| How many attendants at each inflatable? | |
| Are inflatables taken offsite?  Yes  No | |
| Is a written log kept of daily inspection?  Yes  No | |
| What wind speed do you shut down your inflatables? | |
| How is the wind speed monitored? | |
| Do you separate patrons into appropriate groups by weight and age?  Yes  No | |
| If any inflatables have slides, is an attendant always stationed at the bottom or top to tell the  next participant when to go?  Yes  No | |
| **ATTENDANT OPERATED OR KIDDIE RIDES** | |
| Manufacturer(s): |  |
| Name of Ride Serial Number Manufacturer | |
|  | |
|  | |
|  | |
|  | |
| Is a written log kept of daily inspection?  Yes  No | |
| **LASER TAG** | |
| Maximum number of players in arena at one time? | |
| Ratio of judges to players? | |
| Are instructions given prior to entering the arena?  Yes  No | |
| **MINIATURE GOLF COURSES** | |
| Are walkways marked and lighted?   Yes  No | |
| Are the walkways covered with a non-skid surface?  Yes  No | |
| Are water attractions protected by fencing or signage?  Yes  No | |
| Are moving parts on golf course holes safely guarded and maintained for patrons?   Yes  No | |
| Do you have ground fault interrupters for all electrical attachments to golf holes?   Yes  No | |
| **ROPES COURSE** | |
| Where is the Ropes Course set up?  Indoor  Outdoor  If answered Outdoor, does the facility have written procedures that include restricting operations  during rain, wind, and lightning?  Yes  No | |
| Is there an alcohol consumption/assessment policy for attendants if the facility serves alcohol?  Yes  No | |
| Who is the course manufacturer? | |
| How many climbers are permitted on the course at one time? | |
| What is the attendant to participant ratio? | |
| What is the height of the course? | |
| Minimum age requirement? | |
| Minimum height requirement? | |
| Do participants have to sign a waiver and release of liability?  Yes  No | |
| Are the climbers harnessed by attendants?  Yes  No | |
| Does the system have a protective feature preventing participants from being able to  unharness, unhook carabiners, or disconnect while on the course?  Yes  No | |
| How often is the course inspected internally? | |
| Is the course inspected annually by a certified consultant?  Yes  No  If yes, by whom? | |
| Does the entire ropes course staff receive certified training?  Yes  No  By whom, and how often? | |
| **OTHER** | |
| Please list and describe any other attractions: | |
|  | |
|  | |
|  | |
|  | |

|  |
| --- |
| **CLIMBING WALL**  Do your operations include a Climbing Wall?  Yes  No  **If yes, please complete the following three sections.** |
|  |
| **GENERAL INFORMATION** |
| 1. Number of Climbing Walls at the venue? |
| 2. What are the climbable heights of the walls? |
| 3. Who is the manufacturer of the climbing wall? |
| 4. Is the Climbing wall permanent or portable?  Permanent  Portable  a. If portable, will it be used off premises?  Yes  No |
| 5. Where is the Climbing wall set up?  Indoor  Outdoor  a. If outdoor, is there a written weather procedure that includes restricting  operations during rain, wind, and lightning?  Yes  No  b. Are wind conditions monitored and climbing walls taken to a down position  during periods of high winds in accordance to the manufacturer specifications?  Yes  No  c. Do you confirm that climbing walls are set up on level ground where the soil is  not saturated around the base/outriggers of the walls?  Yes  No |
| 6. What type of belay system is used for the climbing walls?  Auto Belay  Manual Belay |
| 7. What type of belay connection devices are used?  Screw lock carabiner or twist lock carabiner (double action gate)  Auto-lock carabiner (requires three motions to open)  Dual auto belay carabiners requiring a key to lock and unlock one of the carabiners  Self-belay connector device (e.g., Belaymate, Self-Belay)  Other: |
| **OPERATIONS** |
| 8. What is the minimum staffing requirement for the climbing walls? |
| 9. Are all attendants 18 years of age or older?  Yes  No |
| 10. Is there a procedure in place to ensure that a trained attendant clips in all climbers to the belay  system prior to their climb?  Yes  No  a. If yes, describe the procedure: |
| 11. Do attendants receive formal training on operating the climbing walls and harnessing that is  consistent with the manufacturer's requirements?  Yes  No  a. Are in-service training sessions to periodically check on the proficiency of the attendants  performed?  Yes  No  b. Are the minimum and maximum weight, height, and age requirements followed per the  manufacturer’s operational guidelines?  Yes  No |
| 12. What are the minimum and/or maximum requirements for:  a. Weight  b. Height  c. Age  d. How are the weight/age limitations enforced? |
| 13. Is manufacturer approved safety signage posted at the entrance to the climbing walls?  Yes  No |
| 14. Did the climbing wall manufacturer supply operational and maintenance guidelines?  Yes  No |
| 15. Describe how the climbing wall area and restricted areas behind the wall are secured  (i.e. barrier or fencing). |
| 16. Do climbers have to sign a waiver and release of liability prior to climbing?  Yes  No |
| **MAINTENANCE/INSPECTIONS PROGRAM** |
| 17. Are daily inspections performed?  Yes  No  a. If so, are they documented?  Yes  No  b. Do daily inspections include all climbing harnesses, belay connection devices,  auto-belay systems, and climbing structure?  Yes  No |
| 18. Are more thorough inspections completed at manufacturer-required intervals?  Yes  No |
| 19. Is each belay system or climbing cable serviced annually per the manufacturer’s specifications  to ensure compliance with the warranty and the safety standards?  Yes  No  a. Is the current cable replacement date verified and current?  Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **AUTO EXPOSURE** | | | |
|  | | | |
| Complete the following chart: | | | |
|  | We do this and are seeking coverage. | We do this and have coverage elsewhere. | We do not do this. |
| Own/lease/borrow/rent vehicles for company business. |  |  |  |
| Hire transportation services for company business. |  |  |  |
| Allow employees/volunteers to drive their personal vehicles on company business. |  |  |  |
| Provide valet or VIP parking services. |  |  |  |
| Provide or hire shuttle services. |  |  |  |
|  | | | |
| If you are seeking coverage for any of the above, we may require a completed Auto Exposure Supplemental Questionnaire. | | | |
|  | | | |

|  |
| --- |
| **CONSTRUCTION/RENOVATION** |
|  |
| 1. Do you expect any construction, renovation, additions, or repair work (other than regularly  scheduled maintenance) at your facility during the policy period?  Yes  No  If yes:  Who will perform the work?  Employees  Contractor  Please describe the work or project: |
|  |
| **EMERGENCY RESPONSE PLAN** |
|  |
| 1. Do you have an Emergency Response Plan?  Yes  No |
| 2. How often is the plan updated? |
| 3. What year was the plan last updated? |
| 4. Do you review the plan with employees?  Yes  No |
| 5. What frequency is the plan reviewed with employees? |
| 6. Do you have an active shooter plan?  Yes  No |
|  |
| **LIQUOR LIABILITY**  Do your operations include the sale or distribution of alcoholic beverages?  Yes  No  **If yes, please complete the following section.** |
|  |

|  |
| --- |
| 1. Location(s) where alcohol will be served:  Hours of Operation: |
| 2. When is alcohol served?  Year-round  Event specific  If event specific, is alcohol service stopped at least ½ hour prior to the end of the event?  Yes  No |
| 3. Type of Beverage sold:  Beer/Wine  Mixed Drinks  Hard Liquor |
| 4. Receipts (complete all that apply):  Applicant’s gross sales from alcohol:  If sold by a concessionaire/subcontractor/vendor, how much compensation does applicant receive?  Value of compensated/free alcohol (including “free” beverage tickets): |
| 5. Will alcohol be served:  Directly by the insured’s employees/volunteers?  Through a concessionaire/subcontractor/vendor?  If through a concessionaire/subcontractor/vendor, does this entity provide a certificate of  insurance naming you as an additional insured including liquor liability?  Yes  No  If alcohol is served directly by the insured’s employees/volunteers:  Name on liquor license:  License #:  Class of License: |
| 6. Do ALL servers receive alcohol awareness training?  Yes  No  Please indicate which training program is utilized (SAFE, TIPS, etc.). |
| 7. Management Practices:  Do you have a system for monitoring compliance with alcohol serving practices for all  individuals who have responsibility for serving alcohol?   Yes  No  If yes, please describe the system.  Do you have a system to ensure alcohol awareness training requirements are current for  all individuals who have responsibility for serving alcohol?  Yes  No  Do you take disciplinary action up to and including termination for any individuals who  violate your alcohol serving policies?  Yes  No  If yes, please describe. |
| 8. Explain process for checking ID’s (e.g. everyone is checked, only those appearing to be 30 or younger, etc.). |
| 9. Has applicant’s liquor license ever been revoked or suspended?  Yes  No  If yes, please explain: |
| 10. Has the applicant incurred claims for liquor liability during the last five years?  Yes  No  If yes, please explain: |
| 11. Has any insurer cancelled or non-renewed coverage during the last five years?  Yes  No  If yes, please explain: |
| 12. Has the applicant ever been fined by an alcoholic beverage control or other governmental entity?  Yes  No  If yes, please explain: |
| 13. Is bring your own bottle (BYOB) allowed?  Yes  No |
| 14. Is the alcohol service:  Contained within one fixed site  Booths/stands throughout the event site |
| 15. Is there a limit placed on the quantity of alcoholic beverages purchased at one time?  Yes  No  If yes, please describe: |
| 16. Do you maintain security personnel at the site of alcohol service?  Yes  No |
| 17. Do you exercise the right of search and seizure?  Yes  No |
| 18. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?  Yes  No |
| 19. Is there any type of designated driver program in place?  Yes  No |
| 20. Are rules/regulations clearly displayed?  Yes  No |
| 21. Is food service available to patrons consuming alcohol?  Yes  No |

**Please provide the following with this QUESTIONNAIRE:**

* Five years of company loss runs with description of any individual claim or reserve in excess of $10,000
* Copy of lease agreement if Insured does not own facility
* Copy of daily inspection log
* Copy of waiver (if applicable)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Date Signature of Insured Title

Send completed form along with referenced ACORD application(s) to:

**American Specialty Insurance & Risk Services, Inc.**

**7609 W. Jefferson Boulevard, Suite 100**

**Fort Wayne, IN 46804**

**Phone: (800) 245-2744**

# E-mail: [apply@americanspecialty.com](mailto:apply@americanspecialty.com)