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# AMUSEMENT PARK / THEME PARK 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.**

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| **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:       |
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| **UNDERWRITING INFORMATION** |
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| 1. Does the facility management have five years experience? [ ]  Yes [ ]  No  |
| 2. Total acreage of facility:  |       |
| 3. Operating season of facility:  |       | Number of off-season events:  |       |
| 4. Please provide the following from your most recent operating season: |
|  | Projected Attendance: |       | Actual Prior Year:  |       | Actual 2nd Prior Year: |       |
|  | Paid gate receipts:  | $       | Food and Beverage receipts:  | $       |
|  | Parking receipts:  | $       | Beer and liquor receipts:  | $       |
|  | Game and arcade receipts: | $       | Ride Receipts:  | $       |
|  | Novelty and Other Merchandise: | $       | Other (Please list): $ | $       |
| 5. Patron Admission Costs:  |
|  | Adults:  | $       | Child: | $       | Discount: | $       |
| 6. Total number of employees: |       | Full Time:  |       | Part Time/Seasonal: |       |
| 7. Does the ride and exit signage comply with manufacturer and industry guidelines? [ ]  Yes [ ]  No  |
| 8. 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.       |
| 9. Do you operate any swimming facilities? [ ]  Yes [ ]  No  |
|  If yes, please describe type of pool and activities involved.       |
|  Lifeguards trained and certified by: [ ]  Ellis & Associates |
|  [ ]  American Red Cross |
|  [ ]  Other:       |
| 10. Are there any water hazards or unfenced bodies of water on your premises? [ ]  Yes [ ]  No  |
| 11. Do you maintain grandstands? [ ]  Yes [ ]  No  |
|  If yes, are any over 15 years old? [ ]  Yes [ ]  No  |
|  Seating capacity:  |       | Construction:  |       |
| 12. 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  |
| 13. Does the facility contain any of the following: Ice skating facilities? [ ]  Yes [ ]  No Parasailing? [ ]  Yes [ ]  No  Roller skating facilities? [ ]  Yes [ ]  No Parachuting? [ ]  Yes [ ]  No  Hang gliding? [ ]  Yes [ ]  No  |
| 14. Is playground equipment present? [ ]  Yes [ ]  No ***\*Please provide a list of playground attractions\**** |
| 15. Describe types of food sold:       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 ***If yes, please enclose appropriate certificates.*** If subcontracted, what is the square footage of the leased area?       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 flues and systems on a regular periodic basis? [ ]  Yes [ ]  No |
| 16. Does the facility have any operation is which projectiles are fired or launched? [ ]  Yes [ ]  No  If yes, please describe:       |
| 17. Do you have a full-time safety manager? [ ]  Yes [ ]  No |
| 18. Does the facility have formal training program for employees? [ ]  Yes [ ]  No  |
| 19. Are there any services provided by subcontractors? [ ]  Yes [ ]  No  If yes, please describe:       Are Certificates of Insurance required from these subcontractors naming you as an  additional insured? [ ]  Yes [ ]  No |
| 20. Do you comply with all local, state, building, concession, and sanitary codes?  [ ]  Yes [ ]  No |
| 21. Is there radio communication between all supervisory staff? [ ]  Yes [ ]  No |
| 22. Do you have complete outside perimeter fencing? [ ]  Yes [ ]  No  |
| 23. Are patrons required to walk across public highways from the parking area? [ ]  Yes [ ]  No If yes, please describe safety provisions:       |
| 24. Are buses or trams used on the premises? [ ]  Yes [ ]  No Do you have a written loading/unloading procedure? [ ]  Yes [ ]  No  ***If yes, please provide a copy of procedure and complete Transportation Section of this application.*** |
| 25. Do you provide transportation for patrons off premises, i.e. to hotels or motels? [ ]  Yes [ ]  No |
| 26. Are all curbs, steps, and ledges highlighted? [ ]  Yes [ ]  No |
| 27. Does your facility comply with standards set by Americans with Disabilities Act? [ ]  Yes [ ]  No |
| 28. Are there smoking and non-smoking areas and are they clearly identified? [ ]  Yes [ ]  No |
| 29. Is there a back-up emergency electrical power source for lights communications, and rides? [ ]  Yes [ ]  No Please describe:       |
| 30. Is there a ride inspector employed by the facility to perform mechanical and electrical inspections with at least five years’ experience in facility operations? [ ]  Yes [ ]  No If yes, give name(s):       |
| 31. Are the rides inspected daily? [ ]  Yes [ ]  No  Inspected weekly? [ ]  Yes [ ]  No Is an inspection log maintained? [ ]  Yes [ ]  No |
| 32. Are periodic inspections required by state inspectors? [ ]  Yes [ ]  No |
| 33. Are maintenance manuals for all rides kept on premises? [ ]  Yes [ ]  No |
| 34. Is there a qualified maintenance staff on site? [ ]  Yes [ ]  No On-site maintenance shop: [ ]  Yes [ ]  No Adequate maintenance equipment on-site: [ ]  Yes [ ]  No |
| 35. Do you have rides where speed is conducted by the operator? [ ]  Yes [ ]  No If yes, please list and describe operator training:       |
| 36. Are operators trained to run more than one ride? [ ]  Yes [ ]  No Maximum number trained to operate:       |
| 37. Are hazardous or toxic materials stored on premises? [ ]  Yes [ ]  No Are they stored in compliance with state and local codes? [ ]  Yes [ ]  No |
| 38. Do you have any child care or nursery operators? [ ]  Yes [ ]  No Please describe:       ***If yes, please describe and complete the Abuse and Molestation Section of this application:***       If there is a day care or babysitting service, what is the attendant to child ratio?       |
| 39. Does your facility manufacture any rides sold to the public? [ ]  Yes [ ]  No  Please describe:       |
| 40. Check any of the following that exists on your premises: |
|  [ ]  movie theaters [ ]  full service restaurant [ ]  dance hall [ ]  video arcade games |
|  [ ]  live theaters [ ]  driving range [ ]  museums [ ]  sewage plant |
|  [ ]  racetracks/gokart [ ]  zoo (petting zoo) [ ]  athletic fields (volleyball) |
|  [ ]  concessions [ ]  golf course (miniature) |
|   |
| **ABUSE AND MOLESTATION*****(Please complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote for Abuse and Molestation Coverage please skip this section and continue to the next section.)***  |
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| 1. Does the insured have custodial responsibility for minors? [ ]  Yes [ ]  No If yes, is abuse coverage desired? [ ]  Yes [ ]  No |
| 2. Do your employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse offenses?  [ ]  Yes [ ]  No If yes, what is the process for dealing with a "yes" answer?       |
| 3. (a) Does your state permit you to do criminal background checks on: [ ]  Yes [ ]  No Employees?  [ ]  Yes [ ]  No Volunteers? (b) If yes, do you routinely request and receive such background information on all individuals who will have contact with minors? [ ]  Yes [ ]  No |
| 4. (a) Do you verify employment-related references for employees? [ ]  Yes [ ]  No (b) Do you verify employment-related references for volunteers? [ ]  Yes [ ]  No |
| 5. (a) Do you conduct a personal interview for employees? [ ]  Yes [ ]  No (b) Do you conduct a personal interview for volunteers? [ ]  Yes [ ]  No |
| 6. Do you have a written set of procedures for screening employees and volunteers? [ ]  Yes [ ]  No If yes, please forward. If no, please describe your screening process.       |
| 7. Do you have an Abuse / Molestation Policy with regard to sexual abuse? [ ]  Yes [ ]  No If yes, please indicate how it is provided to your employees/volunteers.       |
| 8. Do you have written procedures for dealing with allegations of sexual abuse? [ ]  Yes [ ]  No  If yes, please forward. If no, please describe what your current response would be.       |
| 9. Describe how your organization supervises employees and volunteers having custody of children.       |
| 10. (a) Has your organization ever had an incident which resulted in an allegation of sexual abuse? [ ]  Yes [ ]  No If yes, please describe your organization's response to the allegation.       (b) Was a claim made against the organization or an individual within the organization? [ ]  Yes [ ]  No  When did the alleged incident(s) occur?       (c) Was the case taken to trial? [ ]  Yes [ ]  No [ ]  Civil [ ]  Criminal (d) What was the disposition of the case?       |
| 11. Regarding coverage for abuse and molestation, does your current insurance program: [ ]  Yes [ ]  No Exclude coverage? [ ]  Yes [ ]  No Limit coverage (please forward a copy of the endorsement)? [ ]  Yes [ ]  No Neither exclude nor limit coverage? |
| 12. Please indicate age range of minors in your care or under the supervision of your employees or volunteers at any time.       |
| 13. Please describe your current and/or planned operations that involve the custodial care of minors.       |
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| **AUTO EXPOSURE**  |
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| 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. | [ ]  | [ ]  | [ ]  |
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| If you are seeking coverage for any of the above, we may require a completed Auto Exposure Supplemental Questionnaire. |

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| CAMPGROUNDS*(Please complete this section if you need a quote for Campground Coverage. If you do not need a quote for Campground Coverage, please skip this section and continue to the next section.)*  |
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| 1. Please provide total acreage for the campground:       |
| 2. What are the anticipated total annual admissions for the campground? |
|  Campers:       | Trailers:       | Other:       Total:       |
| 3. Is there any recreational equipment available? [ ]  Yes [ ]  No Is there playground equipment? [ ]  Yes [ ]  No ***If yes, please indicate on ride list.*** |
| 4. Does the campground rent any equipment to campers? [ ]  Yes [ ]  No ***If yes, please list on separate sheet of paper all rental equipment offered as well as anticipated annual receipts.*** |
| 5. Does the campground offer any retail stores, snack bar, supply store, camping sales? [ ]  Yes [ ]  No If yes, please specify:       |
| 6. Does the campground sell propane? [ ]  Yes [ ]  No If yes, are all areas where tanks are stored fenced and clearly marked? [ ]  Yes [ ]  No |
| 7. How frequently are water containment/wells and sanitary hookups maintained? [ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Quarterly [ ]  Annually |
| 8. Do you have a written maintenance procedure for the campgrounds? [ ]  Yes [ ]  No ***If yes, please provide a copy of the procedure.*** |
| 9. Is there a swimming pool on the campground premises? [ ]  Yes [ ]  No If yes, are there diving boards? [ ]  Yes [ ]  No Is the pool completely fenced and locked when not in use? [ ]  Yes [ ]  No Are there lifeguards present at all times when the pool is open to the public? [ ]  Yes [ ]  No How often is the water quality of the pool tested? [ ] Hourly [ ]  Every other hour [ ]  Twice a day [ ]  Daily [ ]  Other       Are there whirlpools/hot tubs? [ ]  Yes [ ]  No If yes, is there an age restriction for use of the hot tub? [ ]  Yes [ ]  No Are there proper ground fault interrupters in place for all swimming areas? [ ]  Yes [ ]  No Do all pools and hot tubs have a protected drain cover? [ ]  Yes [ ]  No |
| 10. Does the park security extend to the campground? [ ]  Yes [ ]  No If yes, please request separate Security Questionnaire for campground. |
| 11. Is there a first aid station at the campground? [ ]  Yes [ ]  No Is it staffed with licensed medical personnel? [ ]  Yes [ ]  No Is the nearest hospital or medical clinic 10 minutes from the campground? [ ]  Yes [ ]  No |
| 12. Is the fire department within 5 miles or five minutes of the campground? [ ]  Yes [ ]  No Is there an employee fire brigade for the campground? [ ]  Yes [ ]  No |
| 13. Does the campground conduct any repair on the premises? (i.e. camper equipment) [ ]  Yes [ ]  No If yes, please indicate which of the following, if any, are conducted: [ ]  Welding [ ]  Bodywork [ ]  Engine repair [ ]  Fiberglass work [ ]  Painting [ ]  Electrical [ ]  Tire repair [ ]  Plumbing [ ]  Other       |
| 14. Is the campground properly licensed? [ ]  Yes [ ]  No Does it meet all applicable state and local codes? [ ]  Yes [ ]  No ***Provide a copy of all flyers showing the various activities that take place at your campground facility***. |
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| **CLIMBING WALL COVERAGE*****(Please complete this section if you need a quote for Climbing Wall Coverage. If you do not need a quote for Climbing Wall(s), please skip this section and continue to the next section.)***  |
| 1. What systems are in place for climbing walls: [ ]  Auto belay [ ]  Manual belay [ ]  BoulderingIf manual belay, describe the belay equipment, operations, and training for participants.      If bouldering, describe the requirements for spotters and describe the crash pad system:       |
| 2. Total number of climbing walls:       |
| 3. What is the climbable height of the walls?       |
| 4. Where will the climbing walls be set up? [ ]  Indoor [ ]  Outdoor If outdoor, do you have a written weather procedure that includes restricting operations  during rain, wind, and lightning? [ ]  Yes [ ]  No |
| 5. Are the walls portable? [ ]  Yes [ ]  No If yes, will they be used at multiple locations? [ ]  Yes [ ]  No If yes and they are located outdoors, answer the following questions: [ ]  N/A Do you monitor wind conditions and retract the walls to a down position during periods of high  wind in accordance with manufacturer specifications? [ ]  Yes [ ]  No Do you confirm the portable climbing walls are set up on level ground where the soil is not saturated  around the base/outriggers of the walls? [ ]  Yes [ ]  No |
| 6. Are the climbing walls set up/installed per manufacturer specifications? [ ]  Yes [ ]  No |
| 7. Is a written log/checklist kept of daily inspections? [ ]  Yes [ ]  No If yes, does the inspection include all climbing harnesses, carabiner/attachment systems,  and belay systems? [ ]  Yes [ ]  No Is a more thorough inspection completed at manufacturer-required intervals to inspect every  hand hold, the torque/security of fasteners, and the fastener that secures the belay system  (eye-bolt)? [ ]  Yes [ ]  No |
| 8. What kind of barrier/fencing secures the climbing walls and restricted areas behind the climbing walls?       |
| 9. Supervision Are attendants present in the climbing wall areas at all times when the climbing walls are being utilized  or climbers are harnessed? [ ]  Yes [ ]  No Are all attendants 18 years of age or older? [ ]  Yes [ ]  No What is the ratio of climber to attendants directly monitoring climbers?       Do attendants receive formal training on operating the climbing walls and harnessing that is in  keeping with manufacturer requirements? [ ]  Yes [ ]  No If yes, do you also conduct in-service trainings and/or periodically check proficiency? [ ]  Yes [ ]  No |
| 10. Does a trained attendant clip and unclip all participants to the belay system? [ ]  Yes [ ]  NoIf no, describe your process for teaching participants to self-clip and/or teaching companions to assist in clipping?       |
| 11. How are weight/age limitations enforced?       |
| 12. Do the climbing walls have permanently mounted safety signage and warning labels? [ ]  Yes [ ]  No |
| 13. Do climbers have to sign a waiver and release of liability prior to climbing? [ ]  Yes [ ]  No |
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| **CONSTRUCTION/RENOVATION** |
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| 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:        |
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| **EMERGENCY RESPONSE PLAN** |
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| 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 |
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| **EMPLOYEE BENEFITS LIABILITY** Is Employee Benefits Liability coverage desired? [ ]  Yes [ ]  No ***If yes, please complete the following section.***  |
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| 1. Number of employees:       |
| 2. Retroactive Date:        |
| 3. Has Employee Benefits Liability coverage been continuously in force since the retroactive date? [ ]  Yes [ ]  No |
| 4. On optional enrollment items, is a signed acceptance/rejection page collected? [ ]  Yes [ ]  No If yes, is the signed acceptance or rejection retained in the employee’s personnel file? [ ]  Yes [ ]  No |
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| **FIRE PROTECTION** |
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| 1. The fire department is staffed by: [ ]  Professionals [ ]  Volunteers |
| 2. Are all public buildings sprinklered? [ ]  Yes [ ]  No Are all dark rides sprinklered? [ ]  N/A [ ]  Yes  [ ]  No |
| 3. Is there an independent water source such as an on-site reservoir? [ ]  Yes [ ]  No Is the nearest fire station within 5 miles or 5 minutes of the facility? [ ]  Yes [ ]  No If more than 5 miles, is there a formal employee fire brigade? [ ]  Yes [ ]  No |
| 4. Is there a fire alarm system on site? [ ]  Yes [ ]  No |
| 5. Are fire hydrants and hoses strategically located and accessible? [ ]  Yes [ ]  No |
| 6. Are fire extinguishers easily accessible in all buildings? [ ]  Yes [ ]  No Are they checked: [ ]  Monthly [ ]  Annually [ ]  Other (please specify):       |
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| **FIREWORKS/PYROTECHNICS**Are pyrotechnics or fireworks displayed at any of your operations/events? [ ]  Yes [ ]  No If yes, is excess pyrotechnics/fireworks coverage desired? [ ]  Yes [ ]  No ***If coverage is desired, please complete the following section.*** |
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| ***(For the purpose of this questionnaire, the term “pyrotechnics” shall be considered interchangeable with the term “fireworks”.)*** |
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| 1. Location of the event(s) where pyrotechnics will be displayed:       |
| 2. Estimated times a year pyrotechnics are displayed:       |
| 3. Are pyrotechnics conducted by a licensed and insured subcontractor? [ ]  Yes [ ]  No If no, please explain who conducts pyrotechnics:       If yes, do you receive an additional insured certificate of insurance with limits of at least $1M?  [ ]  Yes [ ]  No Provide name of subcontractor:       |
| 4. For every event where pyrotechnics are used at the venue, does the authority having  jurisdiction approve all written plans and issue a permit?   [ ]  Yes [ ]  No |
| 5. Will there be a fire department on-site during the display? [ ]  Yes [ ]  No  If no, what is the distance to the nearest fire station?       |
| 6. Do you store pyrotechnics on-site? [ ]  Yes [ ]  No  If yes, does the storage facility meet the appropriate NFPA Standards and has been approved  by the authority having jurisdiction? [ ]  Yes [ ]  No If no, please describe your storage system:       |
| 7. Answer these questions if pyrotechnics will be displayed outdoors [ ]  N/A Are spectators, unauthorized vehicles, and readily combustible materials located within the  designated and approved fallout area during pyrotechnic displays? [ ]  Yes [ ]  No Is the site checked for debris, including duds, immediately after and the morning following  the event? [ ]  Yes [ ]  No |
| 8. Answer these questions if pyrotechnics will be displayed indoors [ ]  N/A Does the facility have a sprinkler system? [ ]  Yes [ ]  No Do you allow tenant users (including temporary tenant users) to conduct pyrotechnic displays  either themselves or through a contractor?     [ ]  Yes [ ]  No If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met and that insurance has been obtained from either the tenant or the tenant’s subcontractor who lists you as an additional insured?       |
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| **INFLATABLE COVERAGE*****(Please complete this section if you need a quote for Inflatable Coverage. If you do not need a quote for Inflatable, please skip this section and continue to the next section.)*** |
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| 1. Provide detailed descriptions of the inflatable to be used (list name, description and, if possible, provide  brochures, pictures or internet address):       |
| 2. Who sets up the inflatable(s)? [ ]  Rental Agency [ ]  Insured Organization (you) |
| 3. Where will the inflatable(s) be set up? |       |
| 4. Is the inflatable(s) set up on flat ground? [ ]  Yes [ ]  No |
| 5. Who inspects the inflatable to make sure that it is set-up correctly?  [ ]  Rental Agency [ ]  Insured Organization |
| 6. Hours of operation: |       |
| 7. How many attendants at each ride?  |       |
| 8. Are all attendants over the age of 18? [ ]  Yes [ ]  No If no, please describe:       |
| 9. Describe attendant’s responsibilities: |       |
| 10. Who is the manufacturer(s) of the inflatable(s)? Get from rental company if necessary:       |
| 11. How often is the inflatable(s) checked and inspected? Get from rental company:       |
| 12. Does the rental company keep a maintenance or inspection log? [ ]  Yes [ ]  No |
| 13. How are weight/age limitation enforced?  |       |
| 14. Are riders of similar size and ability grouped together on inflatable bounces? [ ]  Yes [ ]  No |
| 15. With regard to inflatable rides that allow riders to participate one at a time, what is the guideline for letting the next  participant go (e.g. large inflatable slides – one at a time participation):       |
| 16. Will the inflatable have permanently attached warning labels and safety instructions? [ ]  Yes [ ]  No |
| 17. Does inflatable provider carry $1m in GL insurance with an “A” rated carrier? [ ]  Yes [ ]  No  |
| 18. Will the provider list your organization as an additional insured? [ ]  Yes [ ]  No |
| 19. Will your employees/volunteers receive formal training on the safe operation of the ride? [ ]  Yes [ ]  No |
| 20. Is the ride picked up by the rental agency immediately after the rental event ends? [ ]  Yes [ ]  No |
| 21. Will a liability release waiver or rental contract be signed? [ ]  Yes [ ]  No  **If yes, please provide a copy.**  |
| 22. First aid available at the event? [ ]  Yes [ ]  No |
| 23. Injury/lost property disclaimer sign used at the inflatable site. [ ]  Yes [ ]  No **If yes, please provide verbiage or photo of sign:**       |
| 24. Will the power be provided by a generator on site? [ ]  Yes [ ]  No |
| 25. Has your organization had any incidents/claims relating to the use of inflatable? [ ]  Yes [ ]  No If yes, please explain:       |
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| **LIQUOR LIABILITY** Do your operations include the sale or distribution of alcoholic beverages? [ ]  Yes [ ]  No ***If yes, please complete the following section.*** |
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| 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 |
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| **MEDICAL** |
|  |
| 1. Do you have staffed medical facilities? [ ]  Yes [ ]  No  Do you have a registered nurse, EMT, paramedic, or doctor on premises at all times when open? [ ]  Yes [ ]  No |
| 2. Do you keep an ambulance on site? [ ]  Yes [ ]  No  Is it contracted from an outside firm? [ ]  Yes [ ]  No  If no, is it owned by the facility? [ ]  Yes [ ]  No |
| 3. Distance to nearest hospital:       Time by air:       |

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| **PROPERTY INFORMATION*****(Please complete an ACORD Property and Inland Marine application.)*** |
|  |
| 1. Describe any property, goods, and equipment with values greater than $5,000 and either owned by you or owned by others in your care and used for business purposes.       |
| 2. Types of property to be covered (bikes, tools, equipment, office contents, building, etc)?       **Please provide a list of all covered property.** |
| 3. Total limits for property to be covered? Building  |       |
|  Office Contents |       |
|  Mobile Property |       |
|  **(Please attach a schedule of mobile property to be insured)** |
| 4. Deductible amount? [ ]  $1,000 [ ]  $2,500 [ ]  $5,000 [ ]  Other       What security procedures are in place to protect property when traveling and at office?       |
| 5. Are the riders allowed to take covered property home, away from the insured premises? [ ]  Yes [ ]  No |
| 6. What is the construction of the building to be covered, if applicable?       What is the age of the building?       Distance to nearest fire station.       Describe fire protection.       Are there burglar alarms? [ ]  Yes [ ]  No |
|  |
| **RESTAURANT/FOOD SERVICE OPERATIONS** |
|  |
| 1. Are cooking installations in compliance with NFPA 96? [ ]  Yes [ ]  No  |
| 2. Are all cooking surfaces protected by automatic fire extinguishing systems? [ ]  Yes [ ]  No |
| 3. Are automatic fire extinguishing systems serviced by outside contractor? [ ]  Yes [ ]  No If yes, frequency of service:       Date last serviced:       |
| 4. Are hoods/duct work cleaned by outside service contractor? [ ]  Yes [ ]  No If yes, frequency of service:       Date last serviced:       |
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| **SECURITY** Are you responsible for security operations? [ ]  Yes [ ]  No If yes, how are the security operations managed?  [ ]  We manage them ourselves. \* [ ]  We subcontract the operations to a separate company. \*\*  If no, describe who is responsible for security:       \* If you manage security operations, complete this section in full. \*\* If you subcontract the operations to a separate company, provide the contract and certificate naming you as Additional Insured. You do not need to complete the remainder of the section if you are not responsible for security operations or if you subcontract security operations to another company. |
|  |
| ***SECURITY OPERATIONS*** |
| 1. Is the venue monitored by security on a 24-hour basis? [ ]  Yes [ ]  No  If no, please explain:       |
| 2. Please describe security presence at the entrance and egress of the venue:       |
| 3. Are patrons screened at venue entry? [ ]  Yes [ ]  No If yes, how? [ ]  Bag Checks [ ]  Wanding [ ]  Metal Detector [ ]  ID’s [ ]  Other:       Is patron screening done for all events? [ ]  Yes [ ]  No If no, please explain:       |
| 4. What are the staffing guidelines per number of patrons?       |
| 5. Are the staffing guidelines determined by: [ ]  Ordinance/Statute [ ]  Industry Standard |
| 6. Are security cameras on site? [ ]  Yes [ ]  No If yes, what areas are covered (outer perimeter, concourse, field of play, back stretch, interior,  parking, etc.)?       If yes, what is the data retention time period?       |
| 7. Are dogs used in your security operation? [ ]  Yes [ ]  No If yes, are the dogs and handlers certified? [ ]  Yes [ ]  No If no, please explain:       |
| 8. Do you work with local law enforcement regarding security operations? [ ]  Yes [ ]  No If yes, to what extent?[ ]  Tour Training [ ]  Table Top Training [ ]  Full Scale Training [ ]  None of these:       How often? [ ]  Monthly [ ]  Quarterly [ ]  Bi-annually [ ]  Annually [ ]  Other:       |
| 9. Are vendors screened before loading or unloading into the building? [ ]  Yes [ ]  No |
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| ***SECURITY PERSONNEL*** |
| 1. Are security personnel employees of your company? [ ]  Yes [ ]  No If no, what is the relationship? [ ]  Independent Contractors [ ]  Off-duty police officers [ ]  Other, describe:       |
| 2. Answer the following for all people who will provide security services: How do you screen candidates (check all that apply)? [ ]  Criminal Background Check [ ]  Reference Check [ ]  Interview [ ]  Other:       Do you require initial training be completed prior to employment? [ ]  Yes [ ]  No Do you provide a personal copy of your training/safety manual? [ ]  Yes [ ]  No Do you require an annual refresher or continuing education training? [ ]  Yes [ ]  No |
| 3. Do any security guards/officers carry firearms as part of their equipment while on duty? [ ]  Yes [ ]  No If yes, answer the following: Do you issue the firearms or allow people to use their own (check all that apply)? [ ]  We issue them. [ ]  People can use their own. If people can use their own, do you inspect/approve the firearm? [ ]  N/A [ ]  Yes [ ]  No  Do you verify the appropriate firearms licenses are maintained by the individual? [ ]  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 current audited financials
* Copy of all expiring policies or specific manuscript endorsements that the insured would like to submit for consideration.
* Facility brochure and promotional materials
* List of all special events scheduled during the policy period (please notify us of any changes to this schedule as they occur)
* Diagram of facility. Please label all buildings and all attractions/rides.
* List of all locations to be insured (parks, hotels, campgrounds) including addresses and descriptions of each location.
* List of all rides/attractions located at each location, including attractions that have been retrofitted for your facility; please include each ride’s serial number and manufacturer.
* Copy of ride inspection forms and ride operator training manuals.
* Copy of most current independent ride inspector report
* Copy of the Emergency Response Plan
* Copy of lease agreement if Insured does not own facility
* If any rides or attractions are leased, please list the rides/attractions and provide a copy of the lease agreement(s)
* Copy of facility rental agreement for special events (birthday parties and similar events)
* Copy of liability release waiver or rental contract for inflatable attractions and/or climbing wall (if applicable)
* Provide a photograph of the “Injury/Lost Property” disclaimer sign used at the inflatable and/or climbing wall site
* Provide details of other contractual agreements (contractor and sub-contractors (e.g., concessionaires, liquor, security, maintenance)
* Provide copies of certificates of insurance from all contractors and sub-contractors naming the insured as additional insured
* Provide a written set of procedures for screening employees and volunteers
* Copy of the employee training manual/materials.
* Provide the Insureds written Abuse / Molestation Policy with regard to sexual abuse
* Provide the Insureds written procedures for dealing with allegations of sexual abuse
* Copy of loading/unloading procedures if shuttle/tram is used by facility
* Copy of written policy w/respect to the use of company vehicles

**SECURITY**

* Please provide a copy of the Training/Safety Manual.
* If Security is contracted, please provide a complete copy of contract, a copy of the contracted security liability policy if insured is listed as additional insured by contract, and a copy of the security firm’s employment procedures.
* Copy of the Emergency Response Plan
* Please attach a copy of your written security/eviction procedure.

**RIDE LISTING**

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| --- | --- | --- |
| **NAME OF RIDE** | **MANUFACTURER** | **SERIAL NUMBER** |
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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