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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) | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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  Bouldering  If 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  No  If 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.*** | | | | | |
|  | | | | | |
| 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** |
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| 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.)*** | |
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| 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 | |
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| **RESTAURANT/FOOD SERVICE OPERATIONS** | |
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| 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. | |
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| ***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 | |
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**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](mailto:apply@americanspecialty.com)