



FAMILY ENTERTAINMENT CENTER RENEWAL APPLICATION

Named Insured (as it is to appear on the policy): _____

Doing business as: _____

Mailing address: _____

Physical address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail address: _____ Web site address: _____

Insured is: Corporation Partnership Individual Joint Venture Other: _____

Owner/President: _____ Vice President: _____

Policy Effective Date: _____ Expiration Date: _____

Are alcoholic beverages sold? Yes No (Attach completed Liquor Application)

GL EXPOSURE INFORMATION

COVERAGE

Liability

LIMITS DESIRED

\$1,000,000

\$2,000,000

\$5,000,000

Deductible: \$2,500 \$5,000

Additional Insureds/Address/Relationship: _____

ADDITIONAL INFORMATION

Total Gross Receipts: _____ # Annual Admissions: _____

Max. Capacity of Facility: _____ Max. Capacity of Parking Lot: _____

Do you host special events such as concerts or fireworks displays? Yes No
(If yes, please fill out Special Events Supplemental application and/or Pyrotechnics application and attach)

List all the rides/attractions/areas at your park and the number of units applicable (# karts/holes/games/etc.)

RIDE / ATTRACTION / AREA / ACTIVITY	# UNITS	RECEIPTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Frequency of attraction self-inspection: _____ Documented: Yes No

ATTRACTION INFORMATION

ARCADE / GAME ROOM

of UNITS: _____ Receipts: \$ _____ # of Attendants: _____

BATTING CAGES

of UNITS: _____ Receipts: \$ _____ # of Attendants: _____

BUMPER BOATS

of UNITS: _____ Receipts: \$ _____ # of Attendants: _____

BUMPER CARS

of UNITS: _____ Receipts: \$ _____ # of Attendants: _____

CONCESSIONS

of STANDS: _____ Receipts: \$ _____ Square Footage: _____

GOLF DRIVING RANGES

of STALLS: _____ Receipts: \$ _____ # of Attendants: _____

GO KART (Concession)

Single Karts: _____ # Double Karts: _____ # Tracks: _____ Receipts: \$ _____

GO KARTS (Kiddie/Baby Karts)

Single Karts: _____ # Double Karts: _____ # Tracks: _____ Receipts: \$ _____

KIDDIE RIDES

of UNITS: _____ Receipts \$ _____ # of Attendants _____

MINIATURE GOLF

Total # of Holes: _____ # of Courses: _____ Receipts \$ _____ # of Attendants _____

**NOTE: APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT.
COVERAGE WILL NOT BE QUOTED WITHOUT THE APPLICANT SIGNATURES.**

I UNDERSTAND THAT STONERIDGE SPECIALTY INSURANCE FOR THE INSURING COMPANY, IS PERMITTED, BUT NOT OBLIGATED, TO SURVEY OUR PROPERTY AND OPERATIONS FOR UNDERWRITING AND/OR LOSS CONTROL PURPOSES AT ANY TIME. I ALSO UNDERSTAND THAT, BY MAKING AN UNDERWRITING AND/OR LOSS CONTROL SURVEY, OR PROVIDING ANY REPORT OF RECOMMENDATIONS, STONERIDGE SPECIALTY INSURANCE IS NOT UNDERTAKING, ON BEHALF OF, OR FOR OUR BENEFIT (OR OTHERS), TO DETERMINE WHETHER OUR PROPERTY OR OPERATIONS ARE SAFE, OR IN COMPLIANCE WITH ANY STANDARDS, RULES OR REGULATIONS. UNDERWRITING AND/OR LOSS CONTROL SURVEYS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, UNDERWRITING AND SEEKING TO REDUCE CLAIMS AGAINST INSURANCE AND ARE NOT FOR THE BENEFIT OF ANY INSURED OR THIRD PARTY. I UNDERSTAND AND ACKNOWLEDGE THAT WE, THE INSURED, ARE SOLELY RESPONSIBLE FOR THE SAFETY OF OUR PROPERTY AND OPERATIONS, AND WE SHALL NOT REPLY UPON UNDERWRITING AND/OR LOSS CONTROL SURVEYS OR ACTIVITIES TO DETERMINE THE SAFETY OF OUR PROPERTY OR OPERATIONS AND WE SHALL NOT DIMINISH OR FOREGO OUR OWN SAFETY PRACTICES AND PROCEDURES IN RELIANCE UPON ANY STONERIDGE SPECIALTY INSURANCE SURVEY.

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED. ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Signature

Date

By signing above, I authorize StoneRidge Specialty Insurance, in accordance with provincial regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.

Send completed form to:
StoneRidge Specialty Insurance
195 Franklin Boulevard, Suite 6
Cambridge, Ontario
N1R 8H3

Telephone No.: 1-226-318-1744
Fax: 1-905-648-7399
Email: Motorsport@StonRidgeInsurance.ca