



FAMILY ENTERTAINMENT CENTER APPLICATION

GENERAL INFORMATION

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: \_\_\_\_\_

Years in business: \_\_\_\_\_

Proposed effective dates: \_\_\_\_\_ Expiration: \_\_\_\_\_

Operating Season: \_\_\_\_\_ To: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ To: \_\_\_\_\_

Interest in Premises: \_\_\_\_\_ % Occupied \_\_\_\_\_ # Stories \_\_\_\_\_

Other Occupancies: \_\_\_\_\_

Do you have a diagram or brochure of the premises?  Yes  No (please attach)

Do you have a formal operations/training guide?  Yes  No (please attach)

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

Trade Associations which Insured belongs to: \_\_\_\_\_

Prior Insurance Carrier: \_\_\_\_\_ Premium: \_\_\_\_\_

Has insurance ever been:  Cancelled  Declined  Non-Renewed

If yes, explain: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all Losses in the Past 5 Years:

| <u>Date of Loss</u> | <u>Type &amp; Description of Claim</u> | <u>Amount Incurred</u> | <u>Date Closed</u> |
|---------------------|--|------------------------|--------------------|
| _____               | _____                                  | _____                  | _____              |
| _____               | _____                                  | _____                  | _____              |
| _____               | _____                                  | _____                  | _____              |
| _____               | _____                                  | _____                  | _____              |
| _____               | _____                                  | _____                  | _____              |

**ADDITIONAL INFORMATION**

Total Gross Receipts: \_\_\_\_\_ # Annual Admissions: \_\_\_\_\_

Max. Capacity of Facility: \_\_\_\_\_ Max. Capacity of Parking Lot: \_\_\_\_\_

Describe Parking Facilities & Parking: \_\_\_\_\_

Describe Security (armed/unarmed): \_\_\_\_\_

Is Security present during open hours?  Yes  No Closed Hours?  Yes  No

Employees or Sub-contracted out employees? (list sub-contractor) \_\_\_\_\_  
(attach certificate if sub-contracted)

Do you provide Baby-sitting/Day Care?  Yes  No Child-to-Attendant Ratio: \_\_\_\_\_

Please explain service, and qualifications of attendants: \_\_\_\_\_  
\_\_\_\_\_

Describe First Aid facilities: \_\_\_\_\_

Number of employees certified in CPR: \_\_\_\_\_

Minimum # of CPR Trained Employees on duty at any time: \_\_\_\_\_

Name of Responding Fire Hall: \_\_\_\_\_

Distance to Fire Department/Response Time: \_\_\_\_\_

Closest Fire Hydrant: \_\_\_\_\_ ft. No. of extinguishers on premises: \_\_\_\_\_

Smoke/Fire Alarm Types (local/central station): \_\_\_\_\_

Distance to Ambulance/Response Time: \_\_\_\_\_

Emergency Lighting:  Yes  No

Physical Security (alarms/dead bolts/fencing, etc.): \_\_\_\_\_

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)

| <u>RIDE / ATTRACTION / AREA / ACTIVITY</u> | <u># UNITS</u> | <u>RECEIPTS</u> |
|--|----------------|-----------------|
| _____                                      | _____          | _____           |
| _____                                      | _____          | _____           |
| _____                                      | _____          | _____           |
| _____                                      | _____          | _____           |

Frequency of attraction self-inspection: \_\_\_\_\_ Documented:  Yes  No  
 Instructional signage posted for each attraction?  Yes  No  
 If yes, please describe, and attach photo showing signage at each attraction: \_\_\_\_\_  
 \_\_\_\_\_

**ATTRACTION INFORMATION**

**ARCADE / GAME ROOM**

**# of UNITS:** \_\_\_\_\_ **Receipts: \$** \_\_\_\_\_ **# of Attendants:** \_\_\_\_\_  
 Does the Insured own or lease games? \_\_\_\_\_  
 Who provides service/maintenance on machines? \_\_\_\_\_  
 Type of floor covering: \_\_\_\_\_ Frequency of Maintenance: \_\_\_\_\_  
 Are all machines properly grounded?  Yes  No

**BATTING CAGES**

**# of UNITS:** \_\_\_\_\_ **Receipts: \$** \_\_\_\_\_ **# of Attendants:** \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Oldest unit: \_\_\_\_\_  
 Minimum age of participants: \_\_\_\_\_ # of participants allowed in cage at one time? \_\_\_\_\_  
 Are helmets required?  Yes  No Are cages completely closed?  Yes  No  
 Are areas clearly marked for right or left handed batters?  Yes  No  
 Are Home plates clearly marked?  Yes  No  
 Can participants alter settings on the pitching machines?  Yes  No  
 Maximum speed for ages under 12? \_\_\_\_\_ Maximum speed for ages 12 and over? \_\_\_\_\_

**BILLIARDS**

**# of UNITS:** \_\_\_\_\_ **Receipts: \$** \_\_\_\_\_ **# of Attendants:** \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Oldest unit: \_\_\_\_\_  
 Coin-operated or rented? \_\_\_\_\_ Floor surface: \_\_\_\_\_  
 Tournaments?  Yes  No

**BUMPER BOATS**

**# of UNITS:** \_\_\_\_\_ **Receipts: \$** \_\_\_\_\_ **# of Attendants:** \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Oldest unit: \_\_\_\_\_  
 Age/Height Requirements: \_\_\_\_\_  
 Depth of water? \_\_\_\_\_ Depth marked on side of pool?  Yes  No  
 Coloured dye in water?  Yes  No  
 Height of observation fence: \_\_\_\_\_ How are propellers protected? \_\_\_\_\_  
 Gas or battery powered? \_\_\_\_\_ Life jackets worn by all participants?  Yes  No

Amount of gas on premises? \_\_\_\_\_ How is it stored? \_\_\_\_\_  
Where are boats refuelled? \_\_\_\_\_  
Number of attendants CPR certified: \_\_\_\_\_ First Aid certified: \_\_\_\_\_

**BUMPER CARS**

# of UNITS: \_\_\_\_\_ Receipts: \$ \_\_\_\_\_ # of Attendants: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Oldest unit: \_\_\_\_\_  
Age/Height Requirements: \_\_\_\_\_  
Are cars equipped with a dash/steering wheel pad?  Yes  No Headrest pad?  Yes  No  
Are seat belts required?  Yes  No If no, please explain: \_\_\_\_\_  
How is public restricted from floor area while cars are in motion? \_\_\_\_\_

**CONCESSIONS**

# of STANDS: \_\_\_\_\_ Receipts: \$ \_\_\_\_\_ Square Footage: \_\_\_\_\_  
Describe goods sold: \_\_\_\_\_  
Are food operations handled by insured or sub-contractor? \_\_\_\_\_  
(attach certificate)  
Is there a grill?  Yes  No Is there a deep fryer?  Yes  No  
If there is a deep fryer, is there a CO<sub>2</sub> system which is regularly maintained?  Yes  No  
Is there an automatic ansul system protecting cooking/frying surfaces?  Yes  No  
Hoods/ducts cleaned by contractor?  Monthly  Quarterly

**GOLF DRIVING RANGES**

# of STALLS: \_\_\_\_\_ Receipts: \$ \_\_\_\_\_ # of Attendants: \_\_\_\_\_  
Are restricted areas marked?  Yes  No Restricted to one person per box?  Yes  No  
Describe partitions between tee boxes: \_\_\_\_\_  
# Levels: \_\_\_\_\_ Other attractions exposed to range? \_\_\_\_\_

**GO KART (Concession)**

# Single Karts: \_\_\_\_\_ # Double Karts: \_\_\_\_\_ # Tracks: \_\_\_\_\_ Receipts: \$ \_\_\_\_\_  
# Attendants: \_\_\_\_\_ # Extinguishers/Type: \_\_\_\_\_  
Where are attendants and extinguishers located? (please attach diagram and mark placement)  
Age/Height Requirements: \_\_\_\_\_  
Maximum speed of karts: \_\_\_\_\_ Are governors installed?  Yes  No  
Maximum number of karts on track at one time? \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Oldest unit: \_\_\_\_\_  
Are seat belts required?  Yes  No If no, please explain: \_\_\_\_\_

Are helmets required?  Yes  No Roll bars?  Yes  No Bumper Guards?  Yes  No  
Are helmets always checked by attendants?  Yes  No

Describe Remote Control device for shut down: \_\_\_\_\_

Amount of gas on premises: \_\_\_\_\_ How is it stored? \_\_\_\_\_

Are all engines covered to keep obstacles out and to prevent injuries to riders?  Yes  No

Type of track surface: \_\_\_\_\_ Length of track: \_\_\_\_\_

Describe guardrail protection: \_\_\_\_\_

Is Double Riding allowed?  Yes  No Padded Steering Wheel?  Yes  No

Is there a headrest support?  Yes  No

### GO KARTS (Kiddie/Baby Karts)

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

# Attendants: \_\_\_\_\_ # Extinguishers/Type: \_\_\_\_\_

Where are attendants and extinguishers located? (please attach diagram and mark placement)

Age/Height Requirements: \_\_\_\_\_

Maximum speed of karts: \_\_\_\_\_ Are governors installed?  Yes  No

Maximum number of karts on track at one time? \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Oldest unit: \_\_\_\_\_

Are seat belts required?  Yes  No If no, please explain: \_\_\_\_\_

Are helmets required?  Yes  No Roll bars?  Yes  No Bumper Guards?  Yes  No

Are helmets always checked by attendants?  Yes  No

Describe Remote Control device for shut down: \_\_\_\_\_

Are all engines covered to keep obstacles out and to prevent injuries to riders?  Yes  No

Type of track surface: \_\_\_\_\_ Length of track: \_\_\_\_\_

Describe guardrail protection: \_\_\_\_\_

Is Double Riding allowed?  Yes  No Padded Steering Wheel?  Yes  No

Is there a headrest support?  Yes  No

### KIDDIE RIDES

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

Are all rides in full compliance with current standards?  Yes  No

When were they last inspected and by whom? \_\_\_\_\_

Schedule: (indicate if coin operated)

NAME OF RIDE

MANUFACTURER

SERIAL #

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**MINIATURE GOLF**

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

Manufacturer: \_\_\_\_\_ Oldest unit: \_\_\_\_\_

Are walkways marked and lighted?  Yes  No

What is the surface of the walkways? \_\_\_\_\_

Describe water hazards: \_\_\_\_\_

Number of course structures equipped with moving parts: \_\_\_\_\_

Is access by public limited?  Yes  No

Are lights covered and protected?  Yes  No Are ground fault interrupters in place?  Yes  No

**SOFT PLAY / BALL CRAWL / PLAYGROUND (Please attach photos of each if applicable)**

Manufacturer: \_\_\_\_\_ Age of Equipment: \_\_\_\_\_

How is equipment anchored? \_\_\_\_\_

Type of floor covering: \_\_\_\_\_

Will each attraction be supervised by an attendant?  Yes  No

Number of employees supervising play area: \_\_\_\_\_

Is there a set ratio of attendants to children?  Yes  No Please explain: \_\_\_\_\_

How often are maintenance checks done? \_\_\_\_\_

Is Insured allowed to deviate from manufacturer's recommendations for assembly?  Yes  No

How often is the attraction cleaned/disinfected by staff? \_\_\_\_\_

Instructional/safety signage posted?  Yes  No If yes, please describe, and attach photo showing signage at each attraction: \_\_\_\_\_

What is the minimum age restriction, if any? \_\_\_\_\_ Maximum age? \_\_\_\_\_

What is the minimum height restriction, if any? \_\_\_\_\_ Maximum height? \_\_\_\_\_

**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  
1336 Sandhill Drive, Unit 4  
Ancaster, Ontario  
L9G 4V5

Telephone No.: 226-318-1744  
Fax: 905-648-7399  
Email: [Motorsports@StoneRidgeSpecialty.ca](mailto:Motorsports@StoneRidgeSpecialty.ca)