

FAMILY FUN CENTERS

The following information is required in order for a quotation to be provided:

- Family Fun Center Application**
- Photos as described on last page of application**
- Copy of the daily attraction inspection form used**
- Copies of safety manuals**
- Copy of the Emergency Evacuation Plan**
- 5 years of currently valued loss history**
- Copy of most recent financial statements or business tax return.**

Please indicate what coverage is being requested at this time.

- Commercial General Liability**
- Excess Liability – limits available up to \$5,000,000**
Limit required: _____
- Commercial Property (please indicate limits for coverage being requested)**
 - Building limits** _____
 - Contents limits** _____
 - Business income limits** _____
 - Mobile equipment limits** _____
 - Information Technology limits** _____
 - Crime – Employee Dishonesty limits** _____
 - Crime – Forgery or Alteration limits** _____
 - Crime – Theft, Disappearance, Destruction limits** _____

MIC Insurance Brokerage
552 S. Washington St., Suite 200
Naperville, IL 60540
(630)428-4062 (630)428-4072 FAX

FAMILY FUN CENTER APPLICATION

1. Proposed Named Insured: _____
2. Address: _____
 (Street) (City) (State) (Zip)
3. Phone: () _____ Fax: () _____
4. Contact person: _____
5. Contact persons for the following:
 a. Inspection of premises: _____ Phone #: _____
 b. Accounting records: _____ Phone #: _____
 c. Owner/Manager: _____ Phone #: _____
6. Location address of facility: _____
7. Insured is: ! Individual ! Partnership ! Corporation ! Joint Venture ! Other
8. Has business been in continuous operation for the last two years? ! Yes ! No
 If no, please explain: _____
9. Operating season of the park/facility: _____ to _____ Number of off-season events: _____
10. Total acreage of facility: _____
11. Patron Admission Costs:
 Adults: \$ _____ Child: \$ _____ Discount: \$ _____
12. Proposed effective date of coverage: _____
13. Are you a member of a trade association? ! Yes ! No
 If yes, name of trade association: _____

INSURANCE COVERAGE/LIMIT INFORMATION

14. Limits of coverage requested: \$ _____ SIR or deductible: \$ _____ occurrence
 \$ _____ annual aggregate
15. Previous insurance carrier information:
 Year _____
 Liability Insurance _____
 Carrier: _____
 Limits: _____
 Annual Premium: _____
 Incurred Losses _____
 (Paid/Reserved): _____
16. Please provide details of any individual loss in excess of \$10,000: _____
 Please provide insurance company loss runs for prior three (3) years.
17. Has any insurance carrier terminated coverage or declined your renewal? Yes No
 If yes, please describe: _____

FACILITY INFORMATION

18. Does the Insured assume any liability for another party? ! Yes ! No
19. Does another party assume any liability for the Insured? ! Yes ! No
20. Total number of employees: _____ Full Time: _____ Part Time/Seasonal: _____
21. Do you have a full-time safety manager? ! Yes ! No
22. Are there any water hazards or unfenced bodies of water on your premises? ! Yes ! No
23. Do you have any "bulk" storage of flammable or hazardous materials? ! Yes ! No
 Does the storage meet NFPA and local fire Marshall standards and laws? ! Yes ! No
24. Is there a swimming pool on the premises? ! Yes ! No
25. Do you sponsor any sporting or social events? ! Yes ! No
26. Do you sponsor any type of competition? ! Yes ! No
27. Do you provide any live entertainment? ! Yes ! No
28. Do you have any indoor/outdoor special events where 250 or more spectators are present? ! Yes ! No
29. Do you maintain grandstands? ! Yes ! No
 Seating capacity: _____ Construction: _____
30. Does the park/facility conduct fireworks display? ! Yes ! No
31. 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

32. Is playground equipment present? ! Yes ! No
 33. Do you sell or serve alcoholic beverages? ! Yes ! No
 34. Do you charge a fee for parking? ! Yes ! No
 Do you have Valet Parking? ! Yes ! No
 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
 Are patrons required to walk across public highways from the parking area? ! Yes ! No
 35. Are all curbs, steps, and ledges highlighted? ! Yes ! No
 36. Does your facility comply with current standards set by the Americans with Disabilities Act? ! Yes ! No
 37. Does applicant own any other commercial property? ! Yes ! No
 If yes, please explain: _____
 38. Do you provide a nursery or babysitting service? ! Yes ! No
 39. Does the facility have formal training program for employees? ! Yes ! No
 If yes, please provide a copy of any written training material.
 Do you have a written fire, disaster evacuation plan? ! Yes ! No
 Will each attraction be supervised by an attendant or attendants? ! Yes ! No
 If no, please explain: _____
 40. Are you contemplating any structural alternations, new construction, or demolition? ! Yes ! No
 If yes, please provide explanation in the Remarks section.

SECURITY

41. Number of security personnel on staff: _____
 Number of security supervisors: _____ Number on Premises: _____ Number off premises: _____
 42. Does any security personnel carry a firearm as part of their equipment while on duty? Yes No
 If yes, number of armed security personnel: _____
 43. Are the security persons employed or contracted by the park? Employed Contracted
 ("Employed" means the individual is being paid and supervised directly by the insured. "Contract" means the existence of a written contract with another entity for security services that has insurance coverage separate from the insured's policy for security liability.)
 45. What are the staffing guidelines per number of patrons?: _____
 46. Are the guidelines determined by: Ordinance or Statute? Yes No

MEDICAL

47. Do you have staffed medical facilities? Yes No
 48. 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 center? Yes No
 49. Distance to nearest hospital: _____ Time by air: _____

FIRE PROTECTION

50. The fire department is staffed by: Professionals Volunteers
 51. Are all public buildings sprinklered? Yes No
 52. Is there an independent water source such as 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
 53. Is there a fire alarm system on site? Yes No
 54. Are fire hydrants and hoses strategically located and accessible? Yes No
 55. Are fire extinguishers easily accessible in all buildings? Yes No
 Are they checked: Monthly Annually Other (please specify): _____
 Do you have at least one fire extinguisher for each attraction or building? Yes No
 Do all indoor facilities comply with all local life-safety codes? Yes No
 56. Do you comply with all local, state, building, concession, and sanitary codes? Yes No
 Are exits from premises well marked? Yes No
 How many exits from premises? _____
 Is there an emergency lighting system on premises and in building? Yes No
 57. Are premises secured by a fence or building perimeter that is locked when facility is not open? Yes No
 58. Are there smoking and non-smoking areas and are they clearly identified? Yes No
 59. Is there a back-up emergency electrical power source for lights and communications? Yes No
 Please describe: _____

PHOTO REQUIREMENTS:

1. Photos should be submitted showing an overview of each attraction/ride plus a photo of the carrier (i.e. a photo of the go-kart track plus a photo of one of the go-karts.) Photos should be included showing any signage that is posted relating to the various attractions/rides.

FAMILY FUN CENTER APPLICATION SUPPLEMENT

TYPE	PLEASE COMPLETE	ANNUAL RECEIPTS	% OF TOTAL
Coin-Op Amusement Equipment	Do you have an arcade? Yes No Types of games: _____ Do you have any interactive games? Yes No Do you own or lease games? Owned Leased Do you perform the maintenance on machines? Yes No Are all machines properly grounded? Yes No Non-slip, non-conductive floor covering? Yes No A minimum of at least one attendant? Yes No How many machines are there? _____		
Batting Cages	Number of batting cages? _____ # of attendants? _____ Minimum age? _____ Daily accuracy and maintenance checks made? Yes No Reduced Injury Factor (RIF) baseballs used? Yes No # allowed in batting cage at one time? _____ Batting helmets required? Yes No Are cages completely enclosed? Yes No Non-skid surface? Yes No Settings on the pitching machines secured? Yes No Maximum speed? _____		
Bumper Boats	How many? _____ Manufacturer name: _____ Operators at least 10 years old or taller than 48"? Yes No Is the depth of the water less than 4 feet? Yes No Height of observation fence: _____ Attendants certified in CPR? _____ Are attendants certified in medical First Aid? Yes No # of attendants during operations? _____ Propellers on the motor protected? Yes No Gasoline storage meet NFPA and local fire Marshall standards and laws? Yes No More than 100 gallons of gasoline stored? Yes No		
Bumper Cars	Operators at least 10 years old or taller than 48"? Yes No Who manufactures the bumper cars? _____ Number of bumper cars: _____ Cars equipped with a dash pad and headrest pad? Yes No Are cars inspected daily? Yes No Are seat belts required? Yes No If no, please explain: _____ Are rider instructions posted and enforced? Yes No Spectators restricted from floor area during operations? Yes No		
Coin-operated Rides	How Many? _____ Describe: _____ _____		
Attendant Operated Rides	How Many? _____ Describe: _____ _____ _____		
Kiddie Rides	How many? _____ Are rides in full compliance with ASTM-24 standards? Yes No Is there a daily maintenance check list? Yes No Attach list of all rides with manufacturer and serial number		
Inflatables Bounce Play Soft Play	Permanent structures? Yes No Manufacturer: _____ Describe inflatables _____ _____ How are weight/age limitations enforced? Are similar size/ ability grouped together? ! Yes ! No		

		Permanently attached warning labels and safety instructions? ! Yes ! No			
TYPE	PLEASE COMPLETE			ANNUAL RECEIPTS	% OF TOTAL
Go Karts	Number of go kart tracks: _____ Length of track(s): _____ Track fenced? _____ Manufacturer of the go karts? _____ Number of go karts single/double seated: _____ Maximum speed? _____ # of karts on track at once? _____ Are governors installed to control speed? Yes No Minimum age requirement? _____ Minimum height requirement? _____ Are participants required to wear safety belts? Yes No Remote control shut down system? Yes No Equipped with roll bars and bumper guards? Yes No Seat belts required? Yes No Track rules clearly and prominently posted? Yes No Any racing allowed? Yes No Gasoline stored away from track area? Yes No Distance between refueling area and track? Yes No Spectators clearly separated from track? Yes No Are waivers signed? Yes No Please attach a drawing of the track(s).				
Lazer Tag	Sq. Ft. Area: _____				
Paintball	Written instructions, procedures, & training provided for participants? Yes No What are the age/height/weight limitations? _____ Maximum # of participants per game: _____ Any special events, tournaments, big games? Yes No Does equipment meet ASTM standards? Yes No Specify type of air fills used: _____ List protective gear supplied to participants: _____ Are safety plugs mandatory? Yes No Average age of rental equipment: _____ Indicate feet per second used: _____ Do you repair or modify equipment sold? Yes No Are the products you sell made in U.S. or purchased through a U.S. wholesaler? Yes No Do you get a certificate from the manufacturer? Yes No How often is equipment inspected? _____ Do you have a scheduled maintenance plan? Yes No Are patrons separated by level of experience? Yes No				
Miniature Golf	Who is course manufacturer? _____ Are walkways marked and lighted? Yes No Is there a non-skid surface on all walkways? Yes No How many miniature golf courses on premises? _____ How many holes per course? _____ Are moving parts safely guarded/maintained for patrons? Yes No Ground fault interrupters for all electrical attachments? Yes No				
Driving Ranges	Number of driving stalls: _____ Are restricted areas marked? Yes No Are there partitions between tee boxes? Yes No Restriction on the number of people in a single tee box? Yes No Are any other attractions exposed in the driving range? Yes No If yes, what attraction: _____				
Rock Climbing Wall	Manufacturer: _____ Written instructions, procedures, & training provided for participants? Yes No What are the age/height/weight limitations? _____ How many attendants at the rock wall? _____ Are all attendants over the age of 18? _____				

	How often is equipment inspected? _____ Do you have a scheduled maintenance plan? Yes No		
TYPE	PLEASE COMPLETE	ANNUAL RECEIPTS	% OF TOTAL
Gift/Pro-Shops	Describe items sold:		
Food Operations Concessions? Yes No	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? _____ Is there a deep fryer? Yes No Is there a grill? Yes No Automatic extinguishing system? Yes No		
Room Rentals	Type:		
Other	List & describe operations:		

ADDITIONAL INFORMATION INSTRUCTIONS OR REMARKS

The insuring company, and/or its representative, shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL INSPECTION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria, and UNDERWRITING AND/OR LOSS CONTROL INSPECTIONS 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. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL inspections or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications. I represent that I have made or will make the necessary maintenance inspections certifying that all normal, necessary repairs have been made insofar as providing continuous protection for patrons and participant and that my property and operations are in compliance with any underwriting criteria furnished me.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Date

Signature

Title

**FAMILY FUN CENTER APPLICATION SUPPLEMENT
PROPERTY**

Please complete if you would like a quote for property.

Location Address:	
Construction:	<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Masonry/NonComb <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Other
Facility:	Sprinklered? Yes No Fire Alarm? Yes No <input type="checkbox"/> Central Station <input type="checkbox"/> Local Gong Burglar Alarm? Yes No Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Local Gong Year Built:

Property Values:

Building: \$	Contents: \$	Loss \$ of Income:
Mobile Property: \$	ITS/EDP: \$	

Include in contents: Improvements & Betterments

Crime Exposures:

On Premises:	Maximum Daily Cash \$	Amount Overnight \$
	Safe? Yes No If yes, Manufacturer:	
	Number of employees who handle money:	
Desired Crime Limit:		

Additional Interests:

1. Name		<input type="checkbox"/> Landlord <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee
Street		
City/State/Zip		
2. Name		<input type="checkbox"/> Landlord <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee
Street		
City/State/Zip		

Carrier Information:

Insurance Co. Name:			
Date Policy Expires:	Annual Premium: \$	Deductible: \$	

Please provide 5 years of loss history.

Generic Fraud Warning Language:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

NOTICE TO RESIDENTS OF:

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska

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Arizona

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Arkansas

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California

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Connecticut

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Delaware

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Georgia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

Idaho

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Illinois

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Indiana

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Iowa

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Kansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland

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Massachusetts

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Michigan

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Minnesota

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Mississippi

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Missouri

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Montana

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Nevada

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New Hampshire

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York (All Commercial Insurance Except Auto)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

North Carolina

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

North Dakota

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island

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South Carolina

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South Dakota

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Tennessee

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Texas

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Utah

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Virginia

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Washington

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Wisconsin

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West Virginia

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Wyoming

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