

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

Home Office:

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1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

Amusement Program Supplemental General Liability Application

(Complete in addition to ACORD General Liability application)

Name of Applicant: _____

Web site Address: _____

1. Applicant's experience:

Number of years in operation: _____

2. Schedule of Amusement Devices or Rides:

Name and/or Type of Amusement Device or Ride	Age	Manufacturer	Capacity	Maximum Operating Speed

Does the applicant have any animal rides or animal exposures? ☐ Yes ☐ No

If yes, please describe: _____

For amusement rides, describe the height and type of fencing required for spectator safety: _____

For batting cages, are participants required to wear protective headgear? ☐ Yes ☐ No

For paddle boats:

Are U.S. Coast Guard approved life preservers provided and required? ☐ Yes ☐ No

Are paddle boat renters required to sign hold harmless agreements in the applicant's favor? ☐ Yes ☐ No

For carriages, sleighs or hayrides, are passengers driven on public streets or roads? ☐ Yes ☐ No

For hot air balloon rides, are balloons tethered? ☐ Yes ☐ No

Height of balloon: _____ Ft.

3. Rides:

Do rides have signs clearly marking age, height, and size limitations? ☐ Yes ☐ No

Are all rides inspected? ☐ Yes ☐ No

If yes, please provide details of the inspection process: _____

Who Completes the Inspections?	Frequency of Inspection?	Are Inspection/Maintenance Logs Maintained?

4. Scenic Trains:

How often is the train maintained? _____

Are tracks shared with other trains?..... ☐ Yes ☐ No

How many times do the tracks cross streets? _____

Are traffic safety devices in place at each crossing? ☐ Yes ☐ No

Are engineers subject to drug and alcohol testing? ☐ Yes ☐ No

Please advise the number of: closed cars: _____ open cars: _____ passenger cars: _____

How long is the ride? _____

Please describe passenger safety controls: _____

Please advise as to how many years of experience each engineer has:

Name	Years of Experience

5. Receipts:

What are the applicant's estimated annual receipts?..... \$ _____

Rental receipts: \$ _____

6. Supervision:

Please describe the nature of the adult supervision provided while any ride or device is in use: _____

7. List states in which applicant operates: _____

8. Total number of employees: _____

9. Does applicant have a training program?..... ☐ Yes ☐ No

10. Does the applicant have other business ventures for which coverage is not requested?..... ☐ Yes ☐ No

If yes, explain and advise where insured: _____

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD WARNING:

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____