

APPLICATION FOR GO-KART CONCESSION AND AMUSEMENT PARK LIABILITY INSURANCE

1. Complete all questions on the application. If this is a new operation, complete the information to the best of your knowledge.
2. **For new owner/operators, we require a copy of a resume on owners/managers.**
3. Attach insurance carrier loss runs of accidents and/or incidents paid or reserved in the past **FIVE** years. Give specific details for all claims over \$5,000. **We cannot quote without current hard copy loss runs.**
4. For operations located in New Mexico or Texas, please include a separate sheet with the serial numbers and manufacturers of all rides.
5. Sign the application and either fax or mail it to:

BECKMAN INSURANCE AGENCY
2878 S. 171st St.
New Berlin, WI 53151

PHONE (800) 345-2881
FAX (262) 797-9048

Please retain the top sheet for your records.

APPLICATION

Name of Facility: _____
Location of Facility: _____
Mailing Address: _____
Federal ID #: _____ County Of Facility: _____
Web Address: _____ E-Mail: _____

Contact Person: _____ Phone Number: _____
Owner of Facility: _____ Phone Number: _____
Applicant is: Owner Lessee Operator Fax number: _____
Operation is: Corporation: _____ Partnership: _____ Sole Prop: _____ Other: _____
How many years does the owner/ operator have in the business? _____

Months of Operation: From _____ To: _____ Year-round Yes No
Number of days open per week: _____ Hours Open: _____
Number of employees on duty: _____
Additional Insureds and mailing address (**Please specify their interest in the operation.
Example-landowner, vendor, investor, etc.)

Last Years Sales Receipts

Upcoming Year Sales

Arcade	_____	_____
Batting Cages	_____	_____
Bumper Boats	_____	_____
Bumper Cars	_____	_____
Concessions	_____	_____
Driving Range	_____	_____
Go-Karts	_____	_____
Rookie Karts	_____	_____
Kiddie Karts	_____	_____
Miniature Golf	_____	_____
Kiddie Rides	_____	_____
Rock Climbing Wall	_____	_____
Slides	_____	_____
Other (Specify)	_____	_____
Other (Specify)	_____	_____
Other (Specify)	_____	_____
Total	_____	_____

Proposed Effective Date _____

Policy Information

	Prior Carrier	Limit of Liability	Premium	Deductible
Expiring				
1st Prior				
2nd prior				

Expiration date of policy: _____

Has your policy ever been canceled?

Yes No

Non-renewed? Yes No

If Yes, explain:

List all claims / incidences for the past FIVE years and **attach current / prior carrier loss runs.**

1) Are any attendants CPR / First-Aid Certified? Yes No

2) Are your rides inspected by a state agency? Yes No If yes, which agency and how often.

3) Is entire premises fenced off? Yes No

4) Attractions fenced off? Yes No

5) Are rules posted for each activity? Yes No

6) Do employees monitor each activity? Yes No If no, list activity _____

7) Do you provide babysitting / daycare? Yes No

8) Do you sell alcoholic beverages? Yes No

9) Do you display fireworks? Yes No

10) Do you have a employee handbook? Yes No

11) Do you have a written safety program? Yes No

12) How are employees trained? _____

13) Number & location of fire extinguishers on premises. _____

14) Type, number & location of first-aid kits. _____

ATTRACTIONS AND OTHER EXPOSURES NEEDING LIABILITY COVERAGE

(please use additional sheets if necessary)

ARCADE

of units: _____ # of attendants: _____ Redemption area? Yes No

Type of flooring: _____ Wires exposed? Yes No

BATTING CAGES

Number of cages:

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Speed of each cage: _____

of attendants: _____ # of participants allowed in cage at one time? _____

Are rules clearly posted? Yes No Are helmets required? Yes No

Are home plates and batters boxes clearly marked? Yes No

Can participants alter the settings on the pitching machine? Yes No

Are cages completely enclosed? Yes No Manufacturer of cages: _____

BUMPER BOATS

of units: _____ # of attendants: _____ Age / height requirements: _____

Size of pond / pool: length _____ width _____ depth _____

Manufacturer of boats: _____ Age of Boats: _____

Depth clearly marked on the side of the pool? Yes No Rules posted? Yes No

Where are boats refueled? _____ Life vests available? Yes No

How are propellers protected? _____ Is pool fenced in? Yes No

BUMPER CARS

of units: _____ # of attendants: _____ Manufacturer: _____

Age / height requirements: _____ Rules posted? Yes No

Type of fence around attraction: _____ Square footage: _____

Are cars equipped with dash pad and headrest? Yes No

If no, please explain: _____

Are seat belts required? Yes No

If no, please explain: _____

CONCESSIONS

Describe food sold: _____

Is there a grill? Yes No

Is there a deep fryer? Yes No

Is there an automatic ansul system protecting the cooking/fryer surfaces? Yes No

What other fire protective equipment do they have? _____

DRIVING RANGE

of units: _____ # of attendants: _____ # of levels: _____

Are restricted areas marked? Yes No

Are units restricted to one person each? Yes No

Other attractions exposed to the range? Yes No _____

Describe the partitions between units: _____

Type of fence or netting: _____

KIDDIE AREA

Mechanical rides - not coin operated: # of units: _____ # of attendants: _____

List type of rides: _____

Kiddie rides - coin operated: # of units: _____ # of attendants: _____

List type of rides: _____

Inflatables: # of units: _____ # of attendants: _____

List type: _____

Soft play: # of attendants: _____ Manufacturer: _____

Age requirement _____ Is it multi level: Yes No Square footage: _____

List type: _____

MINIATURE GOLF

of total holes: _____ # of courses: _____ # of attendants: _____

Are walkways marked and well lit? Yes No If no, please explain: _____

Are lights covered and protected? Yes No Are rules posted? Yes No

Describe type of walkway surface: _____

Is activity fenced in? Yes No If yes, what type of fence? _____

TRACK INFORMATION

Write in the name of other Track(s)

Number Of Tracks:	_____	<u>Road</u>	_____	_____	_____
Length:	_____		_____	_____	_____
Width:	_____		_____	_____	_____
Surface:	_____		_____	_____	_____
Condition:	_____		_____	_____	_____
Barrier Type:	_____		_____	_____	_____
Height of fence:	_____		_____	_____	_____
Type of fence:	_____		_____	_____	_____
# of karts owned:	_____		_____	_____	_____
# of double karts:	_____		_____	_____	_____
# of karts run at a time:	_____		_____	_____	_____
Speed of karts:	_____		_____	_____	_____
Manufacturer of karts:	_____		_____	_____	_____
Age of karts	_____		_____	_____	_____
Height/Age Requirements:	_____		_____	_____	_____
Are rules posted?	Y or N		Y or N	Y or N	Y or N
Height marker in pit?	Y or N		Y or N	Y or N	Y or N
Is there a rolling gate?	Y or N		Y or N	Y or N	Y or N
Is double pitting allowed?	Y or N		Y or N	Y or N	Y or N
Is double riding permitted?	Y or N		Y or N	Y or N	Y or N

If yes, give description. Driver: _____ Age _____ Height _____ Passenger: _____ Age _____ Height _____

PIT AREA

Describe procedures for:

Starting: _____

Stopping: _____

How are seat belts checked on each ride? **Physically** **Visually** _____

Number of employees per track: _____ Positions on track: _____

KART INFORMATION

Write in the name of other Track(s)

Road

Please circle yes or no answers

Padded steering wheel?	Y or N	Y or N	Y or N	Y or N
Governors?	Y or N	Y or N	Y or N	Y or N
Seatbelts/shoulder harnesses?	Y or N	Y or N	Y or N	Y or N
Helmets available?	Y or N	Y or N	Y or N	Y or N
Bumpers all around kart?	Y or N	Y or N	Y or N	Y or N
Ignition cut-off switch?	Y or N	Y or N	Y or N	Y or N
Are moving parts covered?	Y or N	Y or N	Y or N	Y or N
Tank caps fit securely?	Y or N	Y or N	Y or N	Y or N
Gas caps checked daily?	Y or N	Y or N	Y or N	Y or N
Exhaust away from driver?	Y or N	Y or N	Y or N	Y or N
Remote shut-off system?	Y or N	Y or N	Y or N	Y or N
Gasoline stored away from karts?	Y or N	Y or N	Y or N	Y or N
How is gas stored?	_____			
Where are karts refueled?	_____			

Maintenance

Is shop area organized ?	Y or N		
Is a maintenance log kept on each individual kart ?	Y or N		
Do log books show karts are maintained <u>Daily</u> ?	Y or N		
Do log books show karts are maintained <u>Weekly</u> ?	Y or N		
Is gas stored in shop? Y or N		Are there fire extinguishers?	Y or N
Have any modifications been made to any karts?	Y or N		
If yes, explain	_____		

ROCK CLIMBING WALLS:

OF UNITS: _____ # OF ATTENDANTS: _____

MANUFACTURER	TYPE OF WALL	HEIGHT	WIDTH	WEIGHT CAPACITY	#OF CLIMBING FACES	# OF ATTENDANTS	# PATRONS AT ONE TIME	RECEIPTS

PROVIDE AN EXPLANATION OF INSPECTION, MAINTENANCE AND REPAIR SCHEDULES; (ATTACH MANUALS, CHECK LISTS, ETC.)

DOES YOUR STATE REQUIRE AN INSPECTION AND / OR THEIR ISSUANCE OF ANY PERMITS? YES NO

DESCRIBE ANY STRUCTURAL MODIFICATIONS MADE: _____

AGE / HEIGHT/ WEIGHT RESTRICTIONS: ____ / ____ / ____ TOTAL NUMBER OF PEOPLE ALLOWED ON WALL AT ANY ONE TIME: _____

TYPE OF HARNESS SYSTEM USED: _____ TYPE OF CARABINEER USED: _____

HOW ARE SAFETY ROPES CONNECTED AT THE TOP OF WALL? _____

HOW ARE HAND HOLDS ATTACHED? (i.e.. Bolt lock/nut - swag (etc.) _____

ARE HAND HOLDS REMOVABLE / ADJUSTABLE? YES NO WHO SETS POSITIONS? _____

DESCRIBE SPEED REGULATION SYSTEM: _____

HOW ARE FREEFALLS PREVENTED? _____

HOW ARE CLIMBERS PREVENTED FROM HITTING WALL DURING FALL? _____

Other Information: _____

Laser Tag

Square Footage: _____ Are there any stairs in arena? Yes No
Number of people per session? _____ Number of minutes per session: _____
Number of guns: _____ Number of vests: _____
How many referees per session: _____ # of levels in arena: _____
How many exits? _____ How many are emergency exits? _____
Are emergency exits locked from the inside? Yes No Are the exits well lit? Yes No

Other attractions: use additional sheets if necessary.

Name	Type	Receipts

Any additional information underwriters should be aware of?

NOTE: THIS APPLICATION MUST BE SIGNED AND DATED BY THE INSURED AND THE AGENT. THIS APPLICATION BECOMES A PART OF THE POLICY AS IT IS A CONVENIENT MEANS OF ACQUIRING INFORMATION. IT IS NOT A BINDER AND NOTHING HEREIN CONTAINED SHALL BE CONSTRUED AS AN AGREEMENT TO BIND INSURANCE OF ANY KIND OR DESCRIPTION.

I certify that the foregoing information is correct to the best of my knowledge.

Applicant's Name _____
SIGNATURE

Date _____

Agents Name _____
(if applicable) SIGNATURE

Date _____