



MarketScout, Inc.  
 Two Lincoln Centre  
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## AMUSEMENT PARK INFORMATION FORM

### 1. GENERAL INFORMATION

Name of insured (as will appear on policy): \_\_\_\_\_  
 Doing business as: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Location of park (if different):  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Person is:  Owner  General  Manager  Other  
 Day phone: (\_\_\_\_) \_\_\_\_\_ Night phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 Name of agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### 2. POLICY INFORMATION

Policy period requested: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Projected opening and closing dates of the season: From: \_\_\_\_\_ To: \_\_\_\_\_  
 How long has insured been in business? \_\_\_\_\_ At this location?  Yes  No  
 What is the total acreage of the park? \_\_\_\_\_  
 Is the ground leased to others?  Yes  No  
 If yes, describe: \_\_\_\_\_  
 Do any of the following exposures exist on your premises:  

<input type="checkbox"/> Petting Zoo	<input type="checkbox"/> Camping	<input type="checkbox"/> Concerts
<input type="checkbox"/> Hotels	<input type="checkbox"/> Golf Courses	<input type="checkbox"/> Athletic Fields
<input type="checkbox"/> Animal Rides	<input type="checkbox"/> *Liquor Sales	<input type="checkbox"/> *Fireworks
<input type="checkbox"/> Sewage Treatment Plants		

(\*Requires separate application)

### 3. COVERAGE INFORMATION

Check the type of coverage and indicate limits desired:

General Liability

Primary \_\_\_\_\_

Excess \_\_\_\_\_

\*Employee Benefits \_\_\_\_\_

(\*Provide Payroll) \_\_\_\_\_

Property/Auto

Property \_\_\_\_\_

Business Income \_\_\_\_\_

Inland Marine \_\_\_\_\_

Crime \_\_\_\_\_

Auto \_\_\_\_\_

Workers' Compensation

Any other coverages required?  Yes  No If yes, explain: \_\_\_\_\_

Will coverage be required for other locations?  Yes  No If yes, identify location and explain: \_\_\_\_\_

Do you engage in any other business operations under the name of the insured as will appear on the policy?

Yes  No If yes, explain: \_\_\_\_\_

#### 4. PRIOR CARRIER INFORMATION

Year	Company	Liability Limits	Premium
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there currently a  SIR or  deductible? What Amount? \_\_\_\_\_

Is there SIR or deductible aggregate?  Yes  No What Amount? \_\_\_\_\_

Has this insurance ever been cancelled, declined, non renewed?  Yes  No

If yes, please explain (not applicable in Missouri): \_\_\_\_\_

#### 5. BUSINESS INFORMATION

Is there a qualified ride inspector to perform mechanical and electrical inspections?  Yes  No

If yes, give name(s) and years experience: \_\_\_\_\_

Are Inspections performed?:  Daily  Weekly  Monthly  Annually

Is there radio communication between all supervisory staff?  Yes  No

Describe outside perimeter fencing: \_\_\_\_\_

Are maintenance manuals for all rides kept on premises?  Yes  No

Is there a maintenance shop located on premises?  Yes  No

Are all cooking areas protected by automatic fire systems?  Yes  No

Is there a back up emergency electrical power source for lights and communications?  Yes  No

Are fire extinguishers located in each building?  Yes  No

How often are fire extinguishers checked? \_\_\_\_\_ By whom? \_\_\_\_\_

What is the distance to the nearest fire station? \_\_\_\_\_

What is the distance to the nearest hospital? \_\_\_\_\_ Time by air? \_\_\_\_\_

Is there an ambulance on site?  Yes  No

Provide the minimum number of medical personnel at the park for the following:  
 \_\_\_\_\_ Paramedic \_\_\_\_\_ EMT/EMS \_\_\_\_\_ Nurses \_\_\_\_\_ CPR Certified

Provide the minimum number of security personnel at the park for the following:  
 \_\_\_\_\_ Professional Service \_\_\_\_\_ Uniformed Officers \_\_\_\_\_ Employees \_\_\_\_\_ Other

If employees, are they armed?  Yes  No If yes, attach training procedures.

How many rides do you own? \_\_\_\_\_ How many rides are contracted or leased? \_\_\_\_\_

Give description of contracted or leased rides? \_\_\_\_\_  
 \_\_\_\_\_

Does your state have an inspection program?  Yes  No If yes, attach a copy.

Do you have any arm wrestling, punching bags or sonic boom arcade type machines?  Yes  No

If yes, provide description: \_\_\_\_\_

Describe any and all water hazards: lake, stream, swimming pool, marina, bathing beach (including width and depth) that are not rides: \_\_\_\_\_  
 \_\_\_\_\_

If you have waterrides, please describe the supervision: \_\_\_\_\_  
 \_\_\_\_\_

Do you permit head first sliding on waterslides?  Yes  No If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Are hazardous or toxic materials stored on premises?  Yes  No If yes, explain how and where: \_\_\_\_\_  
 \_\_\_\_\_

Are certificates of insurance obtained from independent contractors and vendors?  Yes  No If yes, what limit of liability is required? \_\_\_\_\_

Are you named as an additional insured?  Yes  No

Do the rides meet the ASTM standard?  Yes  No If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_

## 6. PATRON INFORMATION

Are patrons required to walk across public highways from the parking area?  Yes  No

Are buses or trams used on the premises?  Yes  No

Are curbs, steps or ledges highlighted?  Yes  No

Are signs posted to identify assumption of risk for rides?  Yes  No

Patron admission cost: Adult \$ \_\_\_\_\_ Child \$ \_\_\_\_\_ Discount \$ \_\_\_\_\_

Total annual attendance: \_\_\_\_\_

How is attendance determined?  Turnstile  Numbered ticket

Previous year gross receipts from:

Admissions	\$ _____	Parking	\$ _____	Food/Beverage	\$ _____
Beer/Liquor	\$ _____	Rides	\$ _____	Novelty/Merchandise	\$ _____
Arcade Games	\$ _____	Other: (describe)	_____		
_____					\$ _____

Total gross receipts \$ \_\_\_\_\_

I hereby represent and confirm that I have read all of the questions and answers on this information form and that, to the best of my knowledge, all information provided in this information form is complete, true and correct. I further represent that I have made, or will make, the necessary maintenance inspections, and any repairs needed to ensure that my property and operations are, and will remain, in compliance with underwriting criteria furnished me.

I understand that K&K Insurance Group, Inc., for the insuring company, is permitted, but not obligated, to inspect 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 INSPECTION, or providing any report of recommendations, K&K 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 INSPECTIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS. These inspections are 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 rely upon Underwriting and/or Loss Control Inspection 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 K&K Inspection.

#### FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or a request for coverage containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### ATTACH THE FOLLOWING:

1. Diagram of park.
2. Financial statement.
3. Detailed loss history listings from previous carrier (3 years).
4. Park brochure with operating times and dates.
5. Complete list of rides, with their serial numbers and manufacturers.
6. Copy of ride inspection forms and ride operator training manuals.
7. Copy of non-destructive testing, ultrasound, x-ray, magnaflex testing required by manufacturers of specific rides.