



GRAIN INSURANCE AND GUARANTEE COMPANY

**AMUSEMENT
CENTER
APPLICATION FORM**

Date: _____ Broker _____

Named Insured (as it is to appear on the policy): _____

Doing Business As: _____

Mailing Address: _____

Physical Address: _____

City: _____ Prov: _____ P/C: _____

Phone: () _____ Fax: () _____

Website Address: _____

Insured is: Corporation Partnership Individual Joint Venture Other

Owner/President: _____

Other Offices: _____

Years in Business: _____

Proposed Effective Dates: _____ Expiration: _____

Operating Season: _____ 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

Trade Associations which Insured Belongs To: _____

Prior Insurance Carrier: _____

Has Insurance ever been: Canceled Declined Non-Renewed

GL EXPOSURE INFORMATION

<u>Coverage</u>	<u>Limits Desired</u>	<u>Deductible</u>
General Liability	_____	_____
Tenants Fire Legal Liability	_____	_____

CLAIM/LOSS EXPERIENCE (last 5 years) Attach additional information if necessary

Additional Insureds / Address: _____

Franchiser: _____

Lessor: _____

Other: _____

ADDITIONAL INFORMATION:

Total Gross Receipts: _____ # Annual Admissions: _____

Hours of Operation: _____ Park Capacity: _____

Describe Parking Facilities & Lighting: _____

Describe Security (armed/unarmed) _____

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

Employees or Subcontracted out employees? (list subcontractor) _____

(Attach Certificate)

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

Please explain service: _____

Describe First Aid Facilities: _____

Number of employees Certified in CPR: _____

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

Distance to Fire Department / Response Time: _____

Closest Fire Hydrant: _____ feet. Number of Extinguishers on premises: _____

Smoke/Fire Alarm Types (local / central station): _____

Distance to Ambulance / Response Time: _____

Emergency Lighting: Yes No

Physical Security (alarms/deadbolts/fencing, etc): _____

Do you host special events such as concerts or fireworks displays? Yes No

(if yes, please fill out Special Events Supplemental application & attach)

List all the rides / attractions / areas at your park and the number of units applicable

(# karts/holes/games/etc.)

ATTRACTION / AREA

UNITS

RECEIPTS

ATTRACTION / AREA	# UNITS	RECEIPTS

Frequency of attraction self-inspection: _____ Documented: Yes No

Instructional signage posted for each attraction? _____

ATTRACTION INFORMATION:

ARCADES

of Units _____ Receipts: _____ # of Attendants _____

Does the insured own or lease games? _____

Who provides service/maintenance on machines? _____

Type of Floor Covering? _____

Are all machines properly grounded? Yes No

BATTING CAGES:

of Units _____ Receipts: _____ # of Attendants _____

Manufacturer: _____ Oldest Unit: _____

Minimum Age: _____ # 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 Over 12? _____

BILLIARDS:

of Units _____ Receipts: _____ # of Attendants: _____

Manufacturer: _____ Oldest Unit: _____

Coin Operated or rent? _____ 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?: _____

Amount of gas on premises?: _____ How is it stored? _____

Number of Attendants CPR Certified? _____ First Aid Certified: _____

Where are boats refueled? _____

BUMPER CARS:

of Units _____ Receipts: \$ _____ # of Attendants: _____
Manufacturer: _____ Oldest Unit: _____
Age/Height Requirements: _____
Are cars equipped with a dash pad & headrest pad? Yes No
Are Seat belts required? Yes No If no, please explain _____
How is public restricted from floor area while cars and in motion? _____

CONCESSIONS:

of Stands: _____ Receipts: \$ _____ Square Footage: _____
Are food operations handled by insured of subcontractor? _____
(attach certificate)
Is there a grill? Yes No Is there a deep fryer? 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 KARTS:

Single Karts: _____ # Double Karts: _____ # Tracks: _____ Receipts: \$ _____
Attendants: _____ # Extinguishers /Type: _____
Where are attendants & extinguishers located? (please attach diagram & 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
Describe Remote Control device for shut down: _____
Is Double riding allowed? Yes No Padded Steering Wheel? Yes No
It there a Headrest support? Yes No
Type of track surface? _____
Describe Guardrail protection? _____
Amount of Gas on Premises: _____ How stored: _____

****PLEASE REFER TO AND COMPLETE THE ATTACHED GO KART QUESTIONNAIRE****

KIDDIE RIDES:

of Units: _____ Receipts: \$ _____ # of Attendants: _____

Are all rides in full compliance with TSSA Standards: _____

Schedule: (indicated if coin-operated) _____

Name of Ride	Manufacturer	Serial #

LAZER TAG:

Size of play area: _____ Emergency Exit Available: _____ Exits Visible & Marked? _____

Type of Flooring: _____ Partition walls used? _____ Are Corners Padded? _____

Is Emergency lighting available? _____ Is there skid proofing on all ramps? _____

Maximum Number of Players per Exercise: _____ Are players grouped according to Age & Size? _____

Do attendants mix age groups? _____ Is attendant in play area during exercise? _____

Length of exercise? _____ Are parents allowed to accompany their children? _____

Are Lazer attached to vests with tether when is use? _____ Is head protection available? _____

Are Lasers two handed? _____ Are guns padded? _____

MINIATURE GOLF:

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

Manufacturer: _____ Oldest Unit: _____

Are Walkways Marked and Lighted?: _____

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:

Manufacturer: _____ age of Equipment: _____

How is equipment anchored? _____

Type of Floor covering: _____

Number of employees supervising play area: _____

Is there a set ratio for attendants to children? Yes No Please Explain

Will each attraction be supervised by an attendant? Yes No

How often are maintenance inspections done? _____

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

GO KART QUESTIONNAIRE

GENERAL DESCRIPTION – GO KART TRACK

EXTERIOR TRACK

	TRACK		YES	NO
1.	Surface	Asphalt or concrete	<input type="checkbox"/>	<input type="checkbox"/>
2.	Inclination	Flat, no grades, no banking on corners	<input type="checkbox"/>	<input type="checkbox"/>
3.	Width	Between 18 and 30 feet	<input type="checkbox"/>	<input type="checkbox"/>
4.	Length	What is the total length of your track? Ft.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Straightway	300 feet long or less	<input type="checkbox"/>	<input type="checkbox"/>
6.	Side	No ditches along side track	<input type="checkbox"/>	<input type="checkbox"/>
7.	Crash Barriers	Double row piled HORIZONTALLY of motor car (not commercial or agricultural vehicle tires placed in unbroken line and bound together along inner and outer edge of track, tires lie HORIZONTALLY on ground. Only gap allowed where karts enter and leave track. Maximum height of piled tires anywhere is three tires. DESCRIBED ANY OTHER BARRIERS ON TRACK	<input type="checkbox"/>	<input type="checkbox"/>
8.	Markings	White continuous line painted along inner & outer side of track with broken line in center	<input type="checkbox"/>	<input type="checkbox"/>
9.	Safety Space	A clear space is maintained between the double row of tires or other barrier and the safety fence mentioned below of not less than 15 feet free of all type of obstruction	<input type="checkbox"/>	<input type="checkbox"/>
10.	Safety Fence	The complete track area is enclosed in a Safety fence of wire link fencing not less than 4 feet in height and having no gap between the bottom of the fence and the ground.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Safety Equipment	At least two approved A.B.C. type fire extinguishers kept; one adjacent to the refueling area and one in such a position as to be readily available for use on the track. A commercial first aid kits with sufficient quantities of bandages etc... to be kept for use a time of emergency.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Notices	Suitable notices prominently displayed warning against "BUMPING, CUTTING, TOUCHING THE MOTOR, LEAVING THE KART AND STANDING OR WALKING ON THE TRACK". Also at the entrance of the track a notice to be displayed clearly describing the position and function of the pedals. Any patron with motor vehicle experience or go-kart experience shall be permitted to ride the go-kart, subject to management's right to disentitle the patron for breach of track rules or safety concerns. (Size of letters to readable at least 30 ft. away.)	<input type="checkbox"/>	<input type="checkbox"/>

13.	Fuel Storage	Fuel stored adjacent to the track in such a position that a kart out of control could not strike it or a spectator's cigarette could not land near the refueling area.	<input type="checkbox"/>	<input type="checkbox"/>
14.	Helmets	Are all participants required to wear safety Hemet? C.S.A.?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Hair	Are employees providing all long hair participants with elastic bands and rigidly enforcing the use of these to tie back their hair?	<input type="checkbox"/>	<input type="checkbox"/>

16.	Land	Does Applicant own land? If not print name and address of lessor	<input type="checkbox"/>	<input type="checkbox"/>
17.	Use	Are individually owned karts forbidden to run on the same course at the same time as rental karts	<input type="checkbox"/>	<input type="checkbox"/>
18.	Rentals	Track is used only for rental concession by Insured	<input type="checkbox"/>	<input type="checkbox"/>
19.	Agreements	Are there any written rules and regulations regarding riders, employees as well as any hold harmless agreements. If YES, provide copy.	<input type="checkbox"/>	<input type="checkbox"/>
20.	Employees	Do employees wear clearly identifiable clothing? Are employees trained with Red Cross, CPR Life saving Techniques Outlined Safety Procedure Education Program for Employees	<input type="checkbox"/>	<input type="checkbox"/>

What is the minimum number of attendants? Maximum number

What is the maximum number of months per year track is opened to the general Public?

	EQUIPMENT	YES	NO
1.	All Karts made by a recognized manufacturer NAME MODEL YEAR OF KART	<input type="checkbox"/>	<input type="checkbox"/>
2.	All chains and sprockets guarded	<input type="checkbox"/>	<input type="checkbox"/>
3.	Brakes fitted to all karts and brakes and steering system is maintained in good condition at all times	<input type="checkbox"/>	<input type="checkbox"/>
4.	Speed limit governed to a MAXIMUM of 26 MPH	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you allow double riding? Do you have side by side double seater karts? How many?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Number of Karts owned:	<input type="checkbox"/>	<input type="checkbox"/>
7.	Maximum number of karts used at one time:	<input type="checkbox"/>	<input type="checkbox"/>
8.	Padded steering wheel?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Governor?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Seat Belts?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Bumpers all around?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Ignition cut-off switch?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Belt guard cover?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Tank caps fit securely?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Exhaust carries away from driver?	<input type="checkbox"/>	<input type="checkbox"/>

16.	Remote shut-off system?	<input type="checkbox"/>	<input type="checkbox"/>
17.	List Maintenance procedure for all karts: Daily: Weekly:	<input type="checkbox"/>	<input type="checkbox"/>

	PROCEDURES	YES	NO
1.	Starting of driving sessions to be in line ahead, not in line abreast	<input type="checkbox"/>	<input type="checkbox"/>
2.	Spectators kept outside safety fence. Only people permitted inside to be participants and employees	<input type="checkbox"/>	<input type="checkbox"/>
3.	No participants admitted within safety fence until previous session has finished and karts are stationary	<input type="checkbox"/>	<input type="checkbox"/>
4.	No sessions to start until participants in previous session have gone outside safety fence.	<input type="checkbox"/>	<input type="checkbox"/>
5.	In the event of an accident on the track , all other karts to be stopped immediately	<input type="checkbox"/>	<input type="checkbox"/>
6.	Individual drivers must be 10 years of age or older and 54" in height	<input type="checkbox"/>	<input type="checkbox"/>
7.	Verbal inquires shall be made of every patron as to their motor vehicle driving experience and/or go-kart driving experience. Any patron without motor vehicle experience or go-kart driving experience must notify the go-kart operator. The operator will monitor the inexperience patron while he/she performs on the track.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Describe precautions taken to avoid rear-ending at pit area at the end of the ride?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Attendants are in position so that they can observe and reach any section of the track in order to render assistance with how many seconds?	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT:

PHOTOS AND/OR VIDEO OF THE GO KART TRACK AREA MUST ACCOMPANY THE APPLICATION.

CONSENT in accordance with the Act Respecting the Protection of Personal Information

If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfill their functions:

(A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection, or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.

- for the purpose of establishing the premium and the assessment of risk; and, (if you would like to consent now)
- for the purpose of verification, assessment and the settlement of losses;

Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.

(B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

**This insurance application is considered to include all provisions for all forms to be issued in accordance with this contract.
The total estimated policy premium is subject to adjustment.**

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO APPLICANT	DATE

NOTE: APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT AND THE BROKER (WHEN APPLICABLE)!! COVERAGE WILL NOT BE QUOTED WITHOUT THE APPLICANT AND THE BROKER'S (AS APPLICABLE) SIGNATURES.

By signing the application, the undersigned declares all statements set forth and herein to be true, complete and accurate. Also, the undersigned hereby declares that any knowledge of an event, which would alter the information herein, will be reported in writing to the insurer at the earliest opportunity. It is understood and agreed that the completion and submission of this application shall not be binding to the applicant or Company until coverage is bound by the Company.

Applicant: _____ **Title:** _____ **Date:** _____
Broker: _____ **Title:** _____ **Date:** _____