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www.kandkinsurance.com
CA# 0334819

THEMED ATTRACTIONS APPLICATION

GENERAL INFORMATION

1. Named Insured as it is to appear on policy: _____
2. Doing Business As: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone Number (_____) _____
E-mail Address: _____
3. Location of themed attraction (if different): _____
City: _____ State: _____ Zip: _____ Phone Number (_____) _____
4. Contact person: _____ Title: _____
Contact person is: ☐ Owner ☐ General Manager ☐ Other: _____
Daytime phone: (_____) _____ Nighttime phone: (_____) _____ Fax#: (_____) _____
Website: _____ Tax ID#: _____
5. Name of Agency: _____
Contact person: _____ Phone Number (_____) _____ Fax#: (_____) _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone Number (_____) _____
6. IAAPA Member? (International Association of Amusement Parks and Attractions) ☐ Yes ☐ No

POLICY INFORMATION AND COVERAGE

7. Policy period requested: From: _____ To: _____
8. Projected opening and closing dates of the season: From: _____ To: _____
9. How long has insured been in business? _____ At this location? ☐ Yes ☐ No
10. How many years of management experience? _____
11. What is the total acreage of the grounds? _____
12. Is the ground leased to others? ☐ Yes ☐ No
If yes, explain: _____

13. Do any of the following exposures exist on your premises:

<input type="checkbox"/> Petting Zoo	<input type="checkbox"/> Camping	<input type="checkbox"/> Animal Rides	<input type="checkbox"/> Stunt Shows
<input type="checkbox"/> Laser Tag	<input type="checkbox"/> Paintball	<input type="checkbox"/> Wagon Rides	<input type="checkbox"/> Sewage Treatment Plants
<input type="checkbox"/> *Liquor Sales	<input type="checkbox"/> *Fireworks	<input type="checkbox"/> *Children's Day or Overnight Camps	

* Requires separate application.

COVERAGE INFORMATION

14. Check the type of coverage desired. Attach appropriate accord application(s) and/or schedule(s).

- ☐ General Liability ☐ Auto ☐ Inland Marine ☐ Crime
☐ Workers' Compensation ☐ Property ☐ Excess ☐ Employee Benefits Liability (# of employees:_____)

15. 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:_____

PRIOR CARRIER INFORMATION

16. Is there currently a deductible? ☐ Yes ☐ No Amount: \$_____

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

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

BUSINESS INFORMATION

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

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

20. Are fire extinguishers located in each building? ☐ Yes ☐ No

21. What is the distance to the nearest fire station?_____

22. What is the distance to the nearest hospital?_____

23. Is there an ambulance on site? ☐ Yes ☐ No

24. Provide the minimum number of medical personnel at the park for the following:

_____Paramedic _____ EMT/EMS _____ Nurses _____ CPR Certified

25. Provide the minimum number of security personnel at the park for the following:

_____Professional Service _____Uniformed Officers _____Employees _____Other(_____)

26. If employees, are they armed? ☐ Yes ☐ No

If yes, attach training procedures:_____

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

If yes, provide description:_____

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

29. Describe type of seating:_____

30. Number of Grandstands:_____ ☐ NA Year Built:_____

Construction: ☐ Wood ☐ Concrete ☐ Metal Grandstand Height:_____ (ft)

Guardrails: ☐ Sides ☐ Back Kick boards in place? ☐ Yes ☐ No

31. Number of Bleachers:_____ ☐ NA Year Built:_____

Number Fixed:_____ Construction: ☐ Wood ☐ Concrete ☐ Metal Bleacher Height:_____ (ft)

Number Portable:_____ Construction: ☐ Wood ☐ Metal Bleacher Height:_____ (ft)

Guardrails: ☐ Sides ☐ Back Kick boards in place? ☐ Yes ☐ No

32. Do you have a documented inspection/maintenance program for grandstands and/or bleachers? ☐ Yes ☐ No
If yes, date of last inspection: _____
33. Is there a qualified ride inspector to perform mechanical and electrical inspections? ☐ Yes ☐ No
If yes, give name(s) and years experience: _____
34. How many rides do you own? _____ How many rides are contracted or leased? _____
35. Give description of contracted or leased rides: _____

36. Are maintenance manuals for all rides kept on premises? ☐ Yes ☐ No
37. Do the rides meet the ASTM standard? ☐ Yes ☐ No
If no, please explain: _____

38. Are hazardous or toxic materials stored on premises? ☐ Yes ☐ No
If yes, explain how and where: _____

39. 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
40. Do you have a petting zoo? ☐ Yes ☐ No
If Yes, is it operated by an independent contractor? ☐ Yes ☐ No
If Yes, do you receive a certificate of insurance naming you as an additional insured? ☐ Yes ☐ No
41. Do you have a contract with a hold harmless and indemnification agreement? ☐ Yes ☐ No
42. Are all animals properly vaccinated? ☐ Yes ☐ No
43. Is there a hand washing at the exit of the petting zoo? ☐ Yes ☐ No
44. Is there signage posted with regard to the importance of hand washing after animal contact? ☐ Yes ☐ No

PATRON INFORMATION

45. Are patrons required to walk across public highways from the parking area? ☐ Yes ☐ No
46. Are buses or trams used on the premises? ☐ Yes ☐ No
47. Are curbs, steps or ledges highlighted? ☐ Yes ☐ No
48. Are signs posted to identify assumption of risk for rides? ☐ Yes ☐ No
49. Patron admission cost: Adult \$ _____ Child \$ _____ Discount \$50 _____
50. Total annual attendance: _____
- Previous year gross receipts from:
- | | | | |
|-------------------------------|----------|---------------------|----------|
| Admissions | \$ _____ | Food/Beverage | \$ _____ |
| Beer/Liquor | \$ _____ | Novelty/Merchandise | \$ _____ |
| Rides | \$ _____ | Arcade Games | \$ _____ |
| Other: (describe) _____ | | | \$ _____ |
| Total gross receipts \$ _____ | | | |

SUMMARY OF REQUESTED ITEMS

51. Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:

- ☐ Diagram of grounds/themed attraction and or brochure.
- ☐ Most current financial statement
- ☐ Detailed loss history listings from previous carrier(s) (4 years).
- ☐ Copy of ride inspection forms and ride operator training manuals.
- ☐ Copy of non-destructive testing, ultrasound, x-ray, magnaflux testing required by manufacturers of specific rides.
- ☐ Complete schedule of events and event dates.
- ☐ Contracts/lease agreements/hold harmless agreements between the event management and any other party with regard to the event.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

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