



Insurance Application and Questionnaire

Please submit completed and signed application to us along with the following consideration:

- Include updated loss runs from previous insurance companies
- Include copies of any printed material such as brochures and other marketing materials
- Provide resume/biography of principal(s) if ownership is less than 2 years

GENERAL INFORMATION (please mark NA for all Non-Applicable questions):

Named Insured (Company): _____

Loss Control Contact Name: _____

Phone: _____ Website Address: _____

Fax: _____ Email Address: _____

Mailing Address: _____

Mailing City/State/Zip: _____

Location 1 Street Address (if different from above): _____

Location 1 City/State/Zip: _____

Type of Entity (Corporation, Individual, Partnership, Joint Venture, LLC): _____

Date business started under current ownership: _____

Any specialized training/memberships (i.e., SIOTO, AIRCO)? _____

Amount of Expiring Premium:\$ _____ Proposed Effective Date: _____

Have you had any losses or claims relating to sexual abuse, molestation allegations, discrimination or negligent hiring? Yes ___ No ___ (if yes, please provide separate attachment)

Have you had any liability policy non-renewed/cancelled in the last 5 years? Yes ___ No ___

Previous Insurers (please indicate previous insurers and years of coverage provided):

Insurance Carrier	Dates Insured (YY - YY)	Any Claims (Y/N)

If you have had past claims, please explain (attach additional sheet if necessary).

Date of Claim	Description of Claim	Open/Closed	Paid \$	Reserve \$

Place an x next to the description which best described the nature of your operations:

<input type="checkbox"/>	Party Rental Operations - Business which rents amusement devices & related equipment
<input type="checkbox"/>	Indoor Party Facility - Fixed site operation containing amusement devices rented for the purposed of private parties
<input type="checkbox"/>	Walk-in (or pay-for-play) Business - Indoor party facility which results from individuals paying for the time of the facility and not guests at a private party
<input type="checkbox"/>	Other (Please describe)

25950 Acero, Suite 370

Phone: 866.380.3372

Web: www.eventplannersassociation.com

Mission Viejo, CA 92691

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GENERAL LIABILITY LIMIT: Place an "X" for desired limits:

	Option #1	\$300,00 Occurrence	\$600,000 General Aggregate
	Option #2	\$500,000 Occurrence	\$1,000,000 General Aggregate
	Option #3	\$1,000,000 Occurrence	\$2,000,000 General Aggregate
	Option #4 - Other		

Gross Revenue (last 12 months): \$ _____

Gross Revenue (next 12 months): \$ _____

Number of Employees: _____ Minimum Age of Attendants: _____

Are employees leased to or from other employers? Yes _____ No _____

If yes, please explain: _____

Do you subcontract any work? Yes _____ No _____

If so, what? _____

Do you require all subcontractors to provide you with a certificate of insurance? Yes ___ No ___

Do you require all subcontractors to name you as an additional insured? Yes ___ No ___

What limits of liability do you require of the subcontractor(s)? \$ _____

If no specific limits are required, explain practice: _____

Do you lease equipment to others with or without operators? Yes ___ No ___

If Yes, please explain: _____

RISK ASSESSMENT- Provide details to any "Yes" answers

1. Do you have a formal **written** safety program?
2. Is there a **written** rental agreement between you and your client?
3. Do you have **written** Customer Training procedures (please attach)?
4. Do you have **written** Equipment Maintenance procedures?
5. Do you have **written** Employee Training procedures (please attach)?

Please explain any "no" answers to above (1-5):

6. Does your website or brochures make statements that warranty or guarantee the safety of your equipment?
7. Are there any animal related exposures?
8. Does the rental agreement contain a release of liability or waiver and release?
9. Any sports / social events sponsored?

Please explain any "Yes" answers to above (6-9):

Yes	No



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EQUIPMENT SCHEDULE- Indicate quantity for all applicable equipment owned or operated.
Please note that there is no coverage for any equipment not indicated.

Equipment List	Yes	Quantity
Air Brush Tattoo/ Face Painting-per operator		
Airborne Adventure		
Ball Pit		
Balloon Typhoon		
Baseball Radar Pitch		
Batting Cage		
Berry Ride (Strawberry)		
Bingo Game / Raffle Drum		
Bouncers / Jumpers / Moonwalks		
Bubble Machine		
Bungee Run - One on One		
Bungee Trampoline		
Burn Out Mini Drag Strip- NOT RIDING		
Carnival Games (small) /Interactive games of Chance		
Chairs		
Cold Air inflatable Advertising sign & Nylon Sky Dancer – under 6 feet		
Cold Air inflatable Advertising sign – 6 feet to 15 feet		
Combo Inflatable Game		
Costume Characters		
Cotton Candy Machine		
Dunk Tank (Check: Plastic _____ Metal _____)		
Face Painting/ Air Brush Tattoo- per operator		
Ferris Wheel- Mini only 18 feet and under in height		
Foam Dance Pit 22x22x4		
Foam Dance Pit 25x25x5		
Foam Dance Pit 35x25x10		
Foam Dance Pit 50x25x10		
Fog Machine/ Smoke Machine		
Game Show-Host including set and lighting		
Games- Small Table Top		
Generators		
Giant OPERATION Game		
Gladiator Joust		
Golf Simulator		
Gyroscope / Orbitron - seated only		
Hi-Stryker		

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Equipment List	Yes	Quantity
Hot Dog Steamer		
Human Bowling		
Human Foosball		
Inflatable Boxing Ring (Gloves rated separately- see Mondo Boxing)		
Inflatable Caterpillar Climb-thru		
Inflatable Horse Bounce Rater is Per Horse		
Inflatable Maze		
Inflatable Slide: <14' (measured from ground to standing platform)		
Inflatable Slide: 14' - 22' (measured from ground to standing platform)		
Inflatable Slide >22' (measured from ground to standing platform)		
Inflatable Space Mountain		
Inflatable Twister		
Inflatable Water Slide: <14' (measured ground to standing platform)		
Inflatable Water Slide: 14'-22' (measured ground to standing platform)		
Interactive light show		
Karaoke Equipment/ Recording Studio Box		
Laser Tag		
Mechanical Bull (Manufacturer: _____)		
Merry-Go-Round-Child ONLY less than 10 horses		
Mini Golf Driving Range-Portable		
Mini Train-Trackless with Driver		
Mini Train-with Track and Attendant		
Mondo Boxing-oversized gloves not inflatable		
Money Machine/ Cash Cube Large (For Stand Up)		
Money Machine/ Cash Cube Small (Not Stand Up)		
Movie Screen- Aluminum 12x12 feet		
Movie Screen- Inflatable 12x16 feet		
Movie Screen- Inflatable 18x24 feet and larger		
Movie Screen- Inflatable 6x8 feet		
Nacho Machine		
NASCAR Mini Race Track - NOT RIDING		
Obstacle Course w/ slide less than 14' (from ground to platform)		
Obstacle Course w/ slide from 14'-22' (from ground to platform)		
Playground not inflatable- <6 ft with ground cover		
Popcorn Machine		
Portable Scoreboard		
Power Shower or Pitch Burst		
Rock Climbing Wall-Commercial Grade-SUPPLEMENT NEEDED		
Rock Climbing Wall-Inflatable-SUPPLEMENT NEEDED		
Rodeo Roper (Horse & Calf STATIC display)		

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Equipment List	Yes	Quantity
Slip N Slide Water Fun		
Snow Cone Machine		
Spin Art Machine or Sand Art Machine		
Sports Games Football, Basketball "Hoops" Toss, Horseshoe, etc.		
Sumo Wrestling		
Tables		
Tents-Canvas Goods only-up to 900 sq ft		
Theme Party w/Costume Character-Indoor		
Theme Party w/Costume Character-Outdoor		
Tricycle Car Wash Race		
Turbo Swing		
Turbo Tubs		
Twin & Spin		
Velcro Wall		
Video Games		
Video Games or Pin Ball Machine		
Water Balloon Wars		
Wax Hands-Art Form Studio		
Wheel of Fortune or Spin for Prize Equipment		
Other		
Other		

QUESTIONS IN REGARDS TO ABOVE EQUIPMENT:

- Do you have any owned or operated equipment that is not listed above?
If yes, please explain in detail: _____

- Do the amusement devices/rides have signs clearly marking age, height, or size limitations?
- Do you use independent contractors to deliver and set up the equipment?
- Do you or your employees ***always*** supervise the rental of equipment while it is in use?
- Do you allow customer pick-up of equipment?
- Do you use the manufacturer's checklist for the set up and use of equipment?
- Do you utilize the Watchdog Siren Warning Device? If so, how many devices do you have?
Please explain amusement devices/rides inspection procedure?

Yes	No



Mechanical Bull Supplemental Information

Please complete only if applicable

GENERAL INFORMATION:

Estimated Annual Receipts from the following:

All Operations \$ _____ Portable/Temporary Location Bulls \$ _____

Stationary/Permanent Location Bulls \$ _____ Other \$ _____

Name or Other Identity of Mechanical Bull	Age of Unit	Name of Manufacturer	Dimensions (LxWxH)	Portable (P) or Stationary (S)	Purchased New? (Y/N)	# of Days Used Annually

Describe fall protection characteristics of your Mechanical Bulls:

Please describe your emergency response plan in case of an accident: _____

Do you require participants to sign a release of liability and/or waiver? (Y/N) _____

If so, please provide a copy of such waivers/releases of liability.

FOR PORTABLE/TEMPORARY LOCATION MECHANICAL BULLS ONLY:

What is the maximum number of people permitted on any one bull at a time? _____

Is there a minimum age for participants? (Y/N) _____ If so, what is it? _____

FOR STATIONARY/PERMANENT LOCATION BULLS ONLY:

Where is your Mechanical Bull located? _____

Please provide brochures or other materials describing the facility where the Bull is located.

Is alcohol sold at the facility where the Mechanical Bull is operated? (Y/N) _____

Were all of your mechanical bulls constructed by manufacturers who provided you with Certificates of Insurance (COI) which includes products and completed operations coverage? (Y/N) _____

What is the maximum number of people permitted on any one bull at a time? _____

Is there a minimum age for participants? (Y/N) _____ If so, what is it? _____

Is your stationary Mechanical Bull limited to on-premises use only? (Y/N) _____ If not, please explain:



Climbing Wall Supplemental Application

Please Complete Only if Applicable

GENERAL INFORMATION:

Estimated Annual Receipts from the following:

All Operations \$ _____
 Portable Walls \$ _____
 Stationary Walls \$ _____
 Other _____ \$ _____
 Other _____ \$ _____

Describe your procedures and requirements for climbing wall safety training for all employees:

Name or Other Identity of Climbing Wall	Age of Wall	Name of Manufacturer	Height	Auto Belay (Y/N)	Portable (P) or Stationary (S)	Purchased New? (Y/N)	# of Days Used Annually

Describe fall protection characteristics of your portable and/or stationary climbing walls:

Do you require participants to sign a release of liability and/or waiver? (Y/N) _____

If so, please provide a copy of such waivers/releases of liability.

Are any of your walls inflatable or air pressurized (as opposed to rigid-wall)? (Y/N) If so, please explain:

What is the maximum number of people permitted on any one wall at a time? _____

Is there a minimum age for participants? (Y/N) _____ If so, what is it? _____



FOR STATIONARY CLIMBING WALL FACILITIES ONLY:

Were all of your climbing walls constructed following all standards recommended by the Climbing Wall Industry Group (CWIG)? (Y/N)_____

Were all of your climbing walls constructed by contractors who provided you with COI's that included products and completed operations coverage? (Y/N)_____

What percentage of use is from membership/members of facility? _____%

Do you have a pro shop? (Y/N)_____ If yes, please provide gross receipts: \$_____

Do you rent equipment? (Y/N)_____ If yes, please provide full details:

Is equipment rental limited to on-premises only? (Y/N)_____ If not, please explain:

Please describe your emergency response plan in case of an accident, including distance of your facility from ambulance and hospital:_____

Travel:

Do you arrange/sponsor any off-site travel or excursions? If so, please provide details of those operations including # of people involved for each trip. Include brochures, if available:

DJ General Liability & Equipment Application

Please Complete Only if Applicable

Description of operations: If DJ - # of Systems Owned?_____ # of DJ's Employed?_____ # of Jobs Per Yr.?_____

Types of Functions:_____

What percentage of your music at any one event is rap and/or hip hop?_____%

Do you rent any additional equipment beyond the scope of music amplification (i.e. dance floors)? (Y/N)_____

If Yes, please explain:_____



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NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a “CLAIMS MADE” or “CLAIMS MADE AND REPORTED” basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an “OCCURRENCE” basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In 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.

In All Other States: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant's Signature: _____

Applicant's Name (print): _____

Date (MM/DD/YY): _____

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