

Family Fun Centre Application

Section 1: Broker Details

1.1	Please complete the	he following	information	pertaining	to your brokerage:
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Brokerage Name:		
Address:		
City:	Postal Code:	
Telephone:	Website:	
General email:	Contact E-mail:	
Contact Name:		

Section 2: Risk Details

2.1 Effective Dates

Policy period required from		to	
	(effective date)		(expiry date)

2.2 Mailing information

Name	of Insured	as it is to appear o	on policy:			
Name	of Organiz	ation (if different):				
Mailing	Address:					
2.3 What is	the incure	242				
	Corporati] Partner	rehin		int Venture
	Corporati			isnip		
	Individual] Other (specify)	
&K Insurance	Canada	5800 Explorer Drive Mississauga, ON L4		Fax.	905-602-9339 800-753-2632 905-602-9141	www.kandkcanada.com kk_canada@kandkcanada.com



2.4 Physical Address of Organization (if different than mailing):

	Address:			 	
2.5 2.6	Webpage:			 	
г	Provide number of years the business has been in operation:				
	Operating Season: From: To	o.			
	Total Gross Receipts:	0.	\$		
	# Annual Admissions:		Ψ		
	Hours of Operation:				
	Park Capacity:				
∟ 2.7					
	Does the applicant presently carry insurance?	١	/es	No	
	If yes, please identify the name of the company that insures the ris Current premium:	sk:			
	If no, please explain:				
	Is the current insurer offering renewal?		/es	No	
	If no, please explain:			 	
2.8					
	What is the maximum capacity of the premises?				

Are there daycare/babysitting operations on site?	Yes		No	
If yes, please complete and submit the Abus	se Applic	ation.		
Please explain service:				
Child to Attendant Ratio:				



			fe
			f
			f
			f
_			f
			f
_			
Yes		No	
Yes		No	
	Yes	Yes	

Attraction Information:

Arcades:

2.1	0	
	Number of Units:	
	Receipts:	\$
	Number of Attendants:	
	Does the insured own or lease games?	
	Type of floor covering:	



Describe who provides service/maintenance on machines?			
Are all machines properly grounded?	Yes	No No	

Batting Cages:

2.11

Number of Units:				
Receipts:		\$		
Number of Attendants:				
Manufacturer:				
Oldest Unit:				
Minimum age:				
Number of participants allow in cage at on	e time:			
Are helmets required?	Ye	s 🗌	No	
Are cages completely closed?	Ye	s 🗌	No	
Are areas clearly marked for right or left ha	anded batters? Ye	s 🗌	No	
Are Home plates clearly marked?	Ye	s 🗌	No	
Can participants alter settings on the pitch	ing machines? Ye	s 🗌	No	
Maximum speed for ages Under 12:				
Maximum speed for ages Over 12:				

Billiards:

2.12

Number of Units:	
Receipts:	\$
Number of Attendants:	
Manufacturer:	
Oldest Unit:	



Coin operated or Rent?			
Floor surface:	_		
Tournaments?	Yes	No	

Bumper Boats:

2.13

	\$
Yes	No
Yes	No
	Yes

Bumper Cars:

2.14

Number of Units:	
Receipts:	\$
Number of Attendants:	
Manufacturer:	
Age / Height requirements:	



Are cars equipped with a dash pad & headrest pad?	Yes	No	
Are seatbelts required?	Yes	No	
If no, please explain:			
How is public restricted from floor area while cars are in motion?			

Concessions:

2.15

Number of Stands:				
Receipts:		\$		
Square Footage:				
Describe goods sold:				
Are the food operations handled by the insured or a 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:		М	onthly	
		Q	uarterly	

Golf Driving Ranges:

2.1	6				
	Number of Stalls:				
	Receipts:		\$		
	Number of Attendants:				
	Are Restricted Areas marked?	Yes		No	



Restricted to one person per box?	Yes	No	
Describe partitions between tee boxes:			
Number of levels:			
Other attractions exposed to range?			

Go Karts:

7				
Number of Single Carts:				
Number of Double Carts:				
Number of Tracks:	_			
Receipts:	:	\$		
Number of Attendants:	_			
Number of Extinguishers / Type:	_			
Please attach diagram and mark placement of where	e attendants and e	xtinguis	ners are	locate
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 seatbelts 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	
Is there a Headrest support?	Yes	No	
Type of track surface:			
Racing allowed?	Yes	No	
Do you allow timed runs?	Yes	No	
Describe guardrail protection:			
Amount of Gas on Premises:			
How Stored?			
Are all engines covered to keep obstacles out and to prevent injuries to riders?	Yes	No	

Kiddie Rides:

2.18

Number of Units:			
Receipts:	-	\$	
Number of Attendants:	-		
Are all rides in full compliance with ASTM-24 Standards?	Yes	No	

Schedule: (Indicate if coin operated)

Name	Manufacturer	Serial #	Coin Operated



Minatare Golf:

2.1	2.19							
	Number of Holes:							
	Number of Courses:							
	Receipts:			\$				
	Number of Attendants:							
	Manufacturer:							
	Oldest Unit:							
	Are walkways marked and lighted?		Yes			No		
	What is the surface of the walkways:							
	Number of course structures with moving	parts:						
	Is access by public limited?		Yes			No		
	Are lights covered and protected?		Yes			No		
	Are ground fault interpreters in place?		Yes			No		

Soft Play / Ball Crawl:

2.20

Manufacturer:			
Oldest Unit:			
Type of floor covering:	-		
Number of employees supervising play area:	-		
Is there a ratio for attendants to children?	Yes	No	
Please explain:			
Will each attraction be supervised by an attendant?	Yes	No	
How often are inspections done?			
Is insured allowed to deviate from manufacturer's recommendations for assembly?	Yes	No	



Are there any trampolines,	jumping pillows, inflatables?	Yes	No	
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Other:

2.21

Please list all other rides / attractions / areas at your park and the number of units when applicable:

Attraction / Area	Number of Units	Receipts	6	
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
Frequency of attraction / area self-inspection:				
Documented?	Yes	No No		
Instructional signage posed for each attraction?	Yes	No No		
If the area or attraction includes liquor sales, please complete and submit the Liquor Liability Application.				

Operations

2.22

Does the Insured have food and/or beverage sales?	Yes		No	
If yes, please indicate receipts:				
	Fo	ood:	\$	
	*Alco	hol:	\$	

If receipts indicate liquor sales please complete and include a Liquor Liability Application



Section 3: Liability

3.1 Contractual Liability			
a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?	Yes	No	
If yes, please provide details:			
b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract?	; Yes	No	
c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured?	Yes	No	
If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?	Yes	No	
d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?	Yes	No	
3.2 Workers Compensation			
Are all employees and contractors including students and	Yes	No	

Are all employees and contractors including students and Yes No Volunteers covered by Workers Compensation?



3.3 Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?	Yes	No	
If yes, please give details:			
b) Does the Insured rent or lease vehicles from others?	Yes	No	
If yes, (i) How often per year? :			
(ii) Are any of these vehicles driven in the United States?	Yes	No	
c) Does the Insured contract services from others?	Yes	No	
If yes, please describe:			
d) Are vehicles used to transport anyone?	Yes	No	
If yes, how often and for what purpose?			



Section 4: Claims Information

4.1

Does the Insured have a formal loss-control program?	Yes	No	
If yes, please provide details:		 	

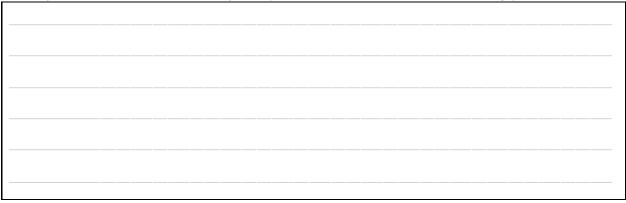
4.2

Does the Insured have a formal employee safety-training program?	Yes	No	
If yes, please provide details:			

4.3

Does the Insured have a formal premises snow/ice clearance procedure?	Yes	No	
If yes, please provide details:		 	

4.4 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):



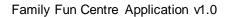


Section 5: Limits of Liability Required

5.1 Commercial General Liability

Each Occurrence Limit		\$
Products - Completed Operations Aggrega	te Limit	\$
Personal Injury Limit		\$
Tenants Legal Liability Limit		\$
Medical Expense Limit - Per Occurrence/F	Per Person	\$
Non-Owned Automobile Limit:		
-	Liability	\$
-	Physical Damage	\$
Employee Benefits Limit		\$
Employers Liability Limit		\$
Advertising Injury Limit		\$
Other:		\$
	Deductible	\$

(minimum \$1,000 except go-carts @ \$2,500)





Section 6: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed:	Full Name:
Position Held:	Date:



Section 7: Additional Information

Additional Information: