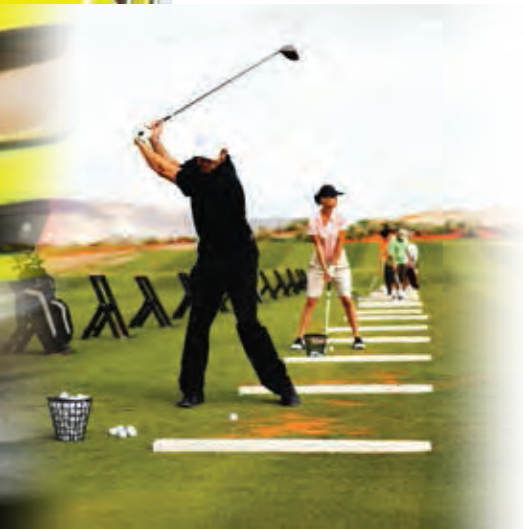


Specialty Insurance Coverage

For Sports Facilities and Family Fun Centers



- Attendant Operated Mechanical Rides
- Batting Cages
- Bowling
- Bumper Cars
- Coin Operated Mechanical Rides
- Driving Ranges
- GoKarts
- Laser Tag
- Miniature Golf

Francis L. Dean & Associates, LLC



The Leader in Sports, Leisure and Entertainment Insurance

Specialty Insurance Coverage

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Sports Facility / Family Fun Center Request for Quotation

Please complete the following application. Once the application is received, a quotation will be sent within one business day. As activities vary, some questions may not be applicable. Please indicate N/A where necessary.

GENERAL INFORMATION

1. Facility Name _____
2. Facility Address _____
Street _____ City _____ State _____ Zip _____
3. Mailing Address _____
Street _____ City _____ State _____ Zip _____
4. Contact Person _____
5. Telephone _____ Fax _____
6. Website Address _____ Date of Formation _____
7. Person responsible for general operation of activities _____
Years of experience and type of experience _____
8. How do you wish to receive your quotation?
 Via Fax _____
 Via Email _____
 Via U.S. Mail _____
9. Annual Gross Receipts: _____
10. Square Footage of Facility: _____

UNDERWRITING INFORMATION

Check all application activities and provide requested information.

- Attendant Operated Mechanical Rides**
Name and Description of Rides: _____

Annual Gross Receipts: _____
- Batting Cages**
Number of Cages and Description: _____

Annual Gross Receipts: _____
- Bowling**
Number and Description of Lanes: _____

Annual Gross Receipts: _____
- Bumper Cars**
Number and Description of Cars: _____

Annual Gross Receipts: _____

Coin Operated Mechanical Rides
Name and Description of Rides: _____

Annual Gross Receipts: _____

Driving Range
Number of Stalls and Description: _____

Annual Gross Receipts: _____

Food Operations / Concession Stands
Is Food Prepared on Premises: _____

Description of Food: _____

Annual Gross Receipts: _____

Inflatable Rentals (With Operators)
Name and Description of Inflatables: _____

Annual Gross Receipts: _____

Inflatable Rentals (Without Operators)
Name and Description of Inflatables: _____

Annual Gross Receipts: _____

Go Kart Rides
Name and Description of Rides: _____

Annual Gross Receipts: _____

Laser Tag
Description of Area: _____

Annual Gross Receipts: _____

Miniature Golf
Number of Holes and Description: _____

Annual Gross Receipts: _____

Roller Skating Rinks
Description of Rink: _____

Annual Gross Receipts: _____

Other Activities
Description of Activities: _____

Annual Gross Receipts: _____

Specialty Insurance Coverage

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INSURANCE INFORMATION

Please provide the past three years claims experience if applicable. These are required to obtain a quotation if there has been prior insurance coverage.

Current Insurance Company _____

Current Expiring Premium _____

Has Prior Insurance Ever Been Cancelled / Non-Renewed? _____

GENERAL QUESTIONS

- Yes No Are rules posted conspicuously and enforced at all times?
- Yes No Are participants required to wear safety equipment during play?
- Yes No Are participants required to sign a Waiver & Release of Liability? **Please provide a copy.**
- Yes No Are copies of the Waiver & Release of Liability kept on file?
- Yes No Do you currently have a risk management plan?
- Yes No Are the referees or coaches employees of your organization?
- Yes No Are parking lots well lit and patrolled?
- Yes No Are facility/playing field inspections and maintenance performed?
- Yes No Is a log kept of inspections and maintenance performed?
- Yes No Are written emergency procedures in place? (attach copy)
- Yes No Does the facility rent or repair sports equipment?
- Yes No Is the facility locked so that patrons cannot use it when closed?
- Yes No Are there construction operations on site?
- Yes No Do you provide childcare on site?

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted.

Signature of Facility Representative _____ Telephone Number _____

Agent Name & License Number _____ Agent Telephone Number _____

Agent Address _____

Agency Email Address _____



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