



**Strickland General Agency of FL, Inc.**

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***“Professional Insurance Wholesaler”***

**SGA'S Family Entertainment Liability Application  
SECTION I: SGA'S AMUSEMENT PARK APPLICATION**

TO BE COMPLETED WITH AN ACORD GENERAL LIABILITY APPLICATION  
(Complete all questions. Indicate "N/A" where applicable. DO NOT LEAVE ANY AREAS BLANK)

**GENERAL INFORMATION:**

Name of Insured: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position of Contact Person: \_\_\_\_\_

Day phone:(    ) \_\_\_\_\_ Night phone:(    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**POLICY INFORMATION:**

Policy Period:            From: \_\_\_\_\_ to \_\_\_\_\_

Projected opening and closing dates of the season: From: \_\_\_\_\_ to \_\_\_\_\_

How long has the insured been in business?: \_\_\_\_\_

Are they a member of IIAPA?    { } Yes            { } No

What is the total acreage of the park? \_\_\_\_\_

Is the ground leased to others? { } Yes            { } No

If yes, describe: \_\_\_\_\_

Do you have any of the following attractions on your premises?

{ } Live Animal Rides    { } Athletic Fields    { } Camping    { } Concerts    { } Golf Courses

{ } Fire Works            { } Hotels/lodging    { } Liquor Sales    { } Petting Zoo    { } Sewage Treatment

**COVERAGE INFORMATION:**

Please indicate the type of coverage and indicate limits desired:

- General Liability**       CGL \_\_\_\_\_
- Excess \_\_\_\_\_
- Employee Benefits \_\_\_\_\_
- Payroll \_\_\_\_\_
- Hired Non/Owned \_\_\_\_\_
- Property**                     Property \_\_\_\_\_
- Business Income \_\_\_\_\_
- Inland Marine \_\_\_\_\_
- Crime \_\_\_\_\_

Any other coverages required? If yes, please describe: \_\_\_\_\_

**PRIOR INSURANCE INFORMATION:**

Carrier: \_\_\_\_\_ Coverage: \_\_\_\_\_ Limits: \_\_\_\_\_

Expiring Premium: \_\_\_\_\_

Current Deductible:  SIR or  deductible? Amount of deductible: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been cancelled and/or non-renewed?: \_\_\_\_\_ Please explain: \_\_\_\_\_

**OPERATIONS INFORMATION:**

Does insured host special events such as concerts?:  Yes  No

Is there a qualified ride inspector to perform mechanical and electrical inspections?:  Yes  No

If yes, give name(s) and years experience: \_\_\_\_\_

Are inspections performed?:  Daily  Weekly  Monthly  Annually

Is there radio communication between all supervisory staff?:  Yes  No

Describe outside perimeter fencing: \_\_\_\_\_

Are maintenance manuals for all rides kept on premises?:  Yes  No

Is there a maintenance facility maintained on premises?:  Yes  No

Is there a back up emergency electrical power for lights and communications?: \_\_\_\_\_

Are fire extinguishers checked?: \_\_\_\_\_ by whom?: \_\_\_\_\_

What is the distance to the nearest fire station?: \_\_\_\_\_

What is the distance to the nearest hospital?: \_\_\_\_\_ Time by air?: \_\_\_\_\_

Is there an ambulance on site?: { } Yes { } No

Provide the minimum number of medical personal at the park for the following:

\_\_\_\_\_ Paramedic \_\_\_\_\_ EMT/EMS \_\_\_\_\_ Nurses \_\_\_\_\_ CPR Certified

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

\_\_\_\_\_ Professional Services \_\_\_\_\_ Uniformed Officers \_\_\_\_\_ Employees \_\_\_\_\_ Other

If employees, are they armed?: { } Yes { } No If yes, attach training procedures.

Are all areas protected by automatic fire systems?: { } Yes { } No

How many rides do you own?: \_\_\_\_\_ How many rides are contracted or leased?: \_\_\_\_\_

Give description of your contracted or leased rides: \_\_\_\_\_

Does your state have an inspection program?: { } Yes { } No If yes, attach copy.

Do you have any arm wrestling, punching bags or sonic boom arcade type machines?: { } Yes { } No

If yes, provide description: \_\_\_\_\_

Describe any water hazards: lake, stream, swimming pool, marina, bathing beach (including the width and depth) that are not rides: \_\_\_\_\_

If you have water-rides, please list the rides and describe the supervision: \_\_\_\_\_

Do you permit head first sliding on dry and/or watersides? { } Yes { } No If yes, please explain: \_\_\_\_\_

Are hazardous or toxic materials stored on premises?: { } Yes { } No If yes, explain and where: \_\_\_\_\_

Does the insured host Special Events such as concerts?: { } Yes { } No

Does the insured host any fireworks demonstrations?: { } Yes { } No If yes, how many times during the season: \_\_\_\_\_

Do you require Certificates of Insurance from the vendor?: { } Yes { } No

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

Do the rides meet ASTM standards?: { } Yes { } No If no, explain: \_\_\_\_\_

**PATRON INFORMATION:**

Height and age restrictions for Adult/Thrill rides: \_\_\_\_\_

Are patrons required to walk across public highways from the parking area?: { } Yes { } No

Are buses or trams used on the premises?: { } Yes { } No

Are curbs, steps or ledges highlighted?: { } Yes { } No

Are signs posted to identify assumption or risk of rides?: { } Yes { } No

Patrons admission cost: Adults\$ \_\_\_\_\_ Child\$ \_\_\_\_\_

Total annual attendance: \_\_\_\_\_

How is attendance determined?: { } Turnstile { } Numbered Ticket { } Other Explain: \_\_\_\_\_

Previous year gross receipts from: Admissions \$ \_\_\_\_\_ Beer/Liquor \$ \_\_\_\_\_ Parking \$ \_\_\_\_\_

Arcade Games \$ \_\_\_\_\_ Rides \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

(Describe) \_\_\_\_\_

**TOTAL GROSS RECEIPTS \$ \_\_\_\_\_**

**ATTACH THE FOLLOWING:**

1. Comment concerning any fireworks demonstrations taking place and copy of certificate from vendor.
2. Diagram of park.
3. Financial statement.
4. Detail loss history for past 3 years.
5. **Complete list of rides to include: Name of ride, manufacturer, serial number and age of ride**
6. Copy of your previous inspection: \_\_\_\_\_
7. Copy of ride inspection from forms and ride operator-training manuals

