



Strickland General Agency of FL, Inc.

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“Professional Insurance Wholesaler”

**SGA’S Family Entertainment Liability Application
FAMILY ENTERTAINMENT PROGRAM GENERAL 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: _____

Legal Status: { } Individual { } Partnership { } Corporation { } Joint

Address: _____

Contact Person: _____ Position of Contact Person: _____

Day Phone: _____ Night Phone: _____ Fax: _____

Email: _____ Website: _____

POLICY INFORMATION:

Policy Period: From: _____ to _____

Prior Insurance Carrier: _____

Ever canceled or non-renewed: ___ Yes ___ No If yes, explain: _____

Projected opening and closing dates and season: From: _____ to _____

How long has the insured been in business: _____

Are you a member of the: IIAPA: { } Yes { } No IALEI { } Yes { } No WWA { } Yes { } No OABA { } Yes { } No

What is the total acreage of the park?: _____

Is the ground leased to others: ___ Yes ___ No

Do you have a formal diagram or brochure of the premises: ___ Yes ___ No Please attach

Do you have a formal operations, emergency and training guide: ___ Yes ___ No Please attach

What industry associations and what regulations do you follow in your operations?: _____

How does your facility prevent trespassing after hours?: _____

Alcoholic beverages sold {enter **NONE** if applicable} _____

COMPREHENSIVE GENERAL LIABILITY INFORMATION:

<u>COVERAGE</u>	<u>LIMITS DESIRED</u>	<u>COVERAGE</u>	<u>LIMITS</u>
General Aggregate	_____	Medical Payments	EXCLUDED
Prod/Comp Ops.:	_____	HO/H Auto Liability	_____
Each Occurrence:	_____	Employee Benefits	_____
Personal/Adv. Injury:	_____	Other:	_____
Fire Damage:	_____	Other:	_____
Deductible/SIR: \$	_____	Franchisor:	_____

Additional Interest/Address: _____

Lessor: _____

Other: _____

Total Gross Receipts: \$ _____ Annual Admissions: _____

Hours of Operations: _____ Park Capacity: _____

Describe Parking Facilities & Lightning: _____

Who is responsible for Parking Cars: _____

Describe Security: _____

{armed/unarmed}: _____

Security present during open hours: ___ Yes ___ No Security present during closed hours: ___ Yes ___ No

How does the insured prevent trespassing after hours?: _____

Employees or Subcontracted out {list of subcontractor}?: _____

Attach Certificate:

Babysitting care: ___ Yes ___ No Child to attendant ratio and explain services: _____

How do lifeguards communicate with each other?: _____

Is the 10/20 rule strictly adhered to: _____ Yes _____ No

Describe First Aid Facilities: _____

Number of Employees w/Certified CPR Training: _____ Number of CPR Employees on Duty at Any Time: _____

Distant to Fire Department/response time: _____ Distant to ambulance/Response time: _____

Closet Fire Hydrant: _____ ft. Number Extinguisher & type on premises: _____

Emergency lighting: _____ Yes _____ No Smoke/Fire Alarm types {local/central station}: _____

Physical security (alarms/deadbolts/fencing etc.) _____

Does the insured host any Special Events such as concerts or fireworks display?: _____

{If yes, please fill out Special Events supplemental application and attach}

ATTACH THE FOLLOWING (explain if not attaching

_____ Prior Inspection Report: _____

_____ 3 Years Company Loss Information: _____

_____ Safety & Operations? Training Procedures Manual: _____

_____ Sample from Equipment Maintenance Log: _____

_____ Any Waivers/Hold Harmless Agreements: _____

_____ Financial Statement for SIR requirement: _____

_____ Resume on Principals (If new venture): _____

**NOTE: APPLICATION MUST BE SIGNED AND DATED BY BOTH AGENT AND INSURED!!!
THIS APPLICATION BECOMES A PART OF THE POLICY**

By signing the application, the undersigned declares all statements set forth and herein to be true, complete and accurate. Also, the undersigned hereby declares that any knowledge of an event which would alter the information herein will be reported in writing to the insurer at the earliest opportunity. It is understood and agreed that the completion and submission of this application shall not be binding to the prospective insured or Company until coverage is bound by the Company.

Applicant: _____ Title: _____ Date: _____

Agent: _____ Title: _____ Date: _____