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AMUSEMENT PROGRAM SUPPLEMENTAL GENERAL LIABILITY APPLICATION

(Complete in addition to ACORD General Liability application)

Name of Applicant: _____

1. Applicant's experience:

Number of years in operation: _____

If a new operation, the number of years of related experience: _____

2. Schedule of Amusement Devices or Rides:

Name and/or Type of Amusement Device or Ride	Age	Manufacturer	Capacity	Maximum Operating Speed

Does the applicant have any animal rides or animal exposures? [] Yes [] No

If yes, please describe: _____

For amusement rides, describe the height and type of fencing required for spectator safety: _____

3. Rides:

Do rides have signs clearly marking age, height, and size limitations? [] Yes [] No

Are all rides inspected? [] Yes [] No

If yes, please provide details of the inspection process: _____

Who Completes the Inspections?	Frequency of Inspection?	Are Inspection/Maintenance Logs Maintained?

4. Receipts:

What are the applicant's estimated annual receipts? \$ _____

5. Supervision:

Please describe the nature of the adult supervision provided while any ride or device is in use: _____

6. List states in which applicant operates: _____

7. Total number of employees: _____

Are any employees leased?..... [] Yes [] No

8. Does applicant have a training program?..... [] Yes [] No

APPLICABLE IN THE STATE OF 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.

FRAUD WARNING:

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 subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

APPLICATION FOR GO-KART LIABILITY
(Concession Tracks Only)

Name of Insured: _____ Phone: _____

Operating Title: _____

Individual [] Partnership [] Corporation [] Other: _____

Mailing Address: _____

Track Address: _____
(STREET) (CITY)

(COUNTY) (STATE) (Zip)

Area of land Track occupies: _____ ACRES

Land is: Leased() Rented() Owner by the Insured() Other: _____

Months of operation: FROM _____ TO _____ Year-round operation: Yes() No()

Track is used for rental concession of insured owned Go-Karts ONLY: Yes() No()

Type of Track: Asphalt() Dirt () Oval() Road() Circular()

Is Go-Kart Track fenced: Yes() No()

Name of present Insurance Carrier: _____ Policy # _____

Inception and expiration date of current policy: Inception: _____ Expires: _____

Limits of Liability on above mentioned carrier: _____

List all previous carriers in last 3 years, policy numbers and the periods covered:

COMPANY	POLICY NUMBER	DATES
(1) _____		
(2) _____		
(3) _____		

HAVE YOU HAD ANY INSURANCE LOSSES OR CLAIMS AT THE ABOVE TRACK IN THE LAST THREE (3) YEARS:
Yes() No() If yes, list date, amount paid and briefly describe.

Gross Receipts (estimated) for the next 12 months: _____ Payroll: _____

Length of Track: _____ft. Longest straightaway: _____ft.

Maximum speed of rental Go-Karts: _____MPH

Minimum age and height of Go Kart Operators: _____Yrs. _____ft. _____In.

Maximum number of Karts in use at anyone time: _____

NOTE: IF TRACK IS FOUND AT THE TIME OF CLAIM OCCURRENCE OVER THIS AMOUNT, KART COVERAGE IS VOID.

Are helmets used at all times by drivers and occupants: Yes() No()

Are shoes worn at all times by drivers and occupants: Yes() No()

Do you have stands or bleacher: Yes() No() If yes, please indicate construction, total amount of seating, when built, permanent or stationary and condition:

DESCRIBE ANY OTHER BUSINESS ON THE PREMISES, SUCH AS REFRESHMENTS, GAMES OR ANY OTHER BUSINESS CONDUCTED ON THE PREMISES. PLEASE ADVISE RECEIPT BREAKDOWN FOR TOTAL EXPOSURE. _____

Are you a member of any association or have any club affiliation: Yes() No()

Do you have written rules and regulations for all riders, employees and operators: Yes() No() Are rules posted: Yes() No()

LIMITS OF LIABILITY DESIRED: BODILY INJURY: _____each occurrence

PROPERTY DAMAGE _____each occurrence

COMBINED SINGLE LIMITS _____each occurrence

List the names of all interested parties that shall appear as additional insureds in connection with this Go-Kart track - LIST BY NAME, ADDRESS AND INTEREST.

Attach schematic or detailed diagram, if possible, -otherwise make a drawing as best possible of the track and premises (drawn to scale). Please show lay-out, lengths, turns, (including bank and radius), pit area, fencing, spectator area, lighting, obstructions, buildings, etc. Indicate degree of ground pitch, type of fence and material used. If posts are inside or out, indicate distance between posts and the height of fencing. Also, include the travel direction of Karts and explain what material is used to restrain Karts inside track.

I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE _____ SIGNED _____ *TITLE _____
*(must be owner or corporate officer)

NOTE: ORGANIZED RACING IS EXCLUDED FROM COVERAGE UNDER THE POLICY.