

AMUSEMENT PARKS & ATTRACTIONS
 (Not to be used for Large Ride Operators or Carnivals)

**PLEASE ANSWER ALL QUESTIONS
 IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"**

1. **Name of Applicant:** _____

2. **Mailing address:** _____

Website Address: _____

3. **Name of Park or Facility:** _____

Address: _____

4. **Operating season:**

5. Describe Applicant's experience in this industry: _____

How long has this Applicant been in business? _____

Please provide a list of all attractions/facilities/activities in the park and indicate estimated receipts from each. Any sales of alcohol or food should be shown separately. Please also provide diagram or brochure of the premises, if available. (Use separate sheet if insufficient and complete attraction questionnaire, where applicable.)

6. **Total Receipts from all operations:** \$ _____

Are any of above operated by concessionaries, independent vendors, trade booth exhibitors or is any work performed by sub-contractors? If so, please provide details and advise applicable receipts. Yes No

Is proof of insurance obtained from all of above and also promoters of any special events? Yes No

If "no", please explain: _____

If "yes", please advise what limits they are required to provide? _____

7. Do you hold or host special events such as concerts or fireworks displays? Yes No

If yes, please describe.

Are there any events or attractions contemplated but not listed above? _____

8. Number of employees: _____ Estimated Total payroll: \$ _____

Are all employees covered under WSIB? YES NO

If no, please list numbers by job description and estimated payroll:

9. Describe work performed for Applicant by sub-contractors: _____

Is evidence of Liability Insurance obtained from all sub-contractors? YES NO

If "No", please explain

If "Yes", please advise what limits they are required to provide.

10. What is the approximate total capacity of park?

Average daily attendance: Off-Peak Periods Peak Periods _____

Average annual attendance:

11. Does applicant provide any security services when open or closed? YES NO

If "yes" please describe:

12. Are all persons serving alcoholic drinks required to undergo training in an appropriate server program? YES NO

If "yes" please describe:

If "no" please explain:

13. Do you provide babysitting or childcare services? YES NO

If yes, please provide details:

Ratio of Attendants to Children: _____

14. Describe site property: Owned Leased

Single site? YES NO

Spread around provinces? YES NO

Rough dimensions and acres/area: _____

Parking provided? YES NO

With attendants: YES NO

Maximum number of vehicles: _____

Is the area fenced in or otherwise enclosed? YES NO

Has there been a recent inspection of the premises? YES NO

15. Describe any water hazard including nature and size of operation in detail (i.e.: any lake, river, pool, waterslides, swimming/boating facilities, etc.) including length, depth and width: _____

Number of qualified lifeguards: _____

16. Are buildings or equipment leased to others: YES NO

If "yes", please describe: _____

17. Does Applicant assume the liability of others by contract? YES NO

If "yes", please describe on a separate sheet.

18. Is an in-house safety committee organized and in effect? YES NO

If "yes", please describe: _____

19. Please indicate the party responsible for maintenance of the premises and attractions, how often maintenance is required and when maintenance takes place: _____

Are written records of maintenance and/or inspections kept? YES NO

20. Is Applicant signing any Hold Harmless Agreements? YES NO

If "yes", with whom and assuming responsibility for what? _____

21. Do you contemplate any structural alterations, new construction or demolition? YES NO

If "yes" please fully describe on a separate sheet.

22. Number of vendors/trade booths: _____

23. Kinds of goods sold or displayed: _____

24. Is park in compliance with City, County and Township building safety and fire codes? YES NO

Explain: _____

25. Describe fire protection on site during operations:

Fire alarms and other warning systems: _____

Distance to nearest Fire Dept./Response Time: _____

Closest Fire Hydrant: _____ Number of Fire Extinguishers on Premises : _____

Date Last Inspected : _____

Emergency Lighting: YES NO

26. Are you aware of any other liability exposure? _____

27. Does applicant presently carry insurance? YES NO

If yes, who is present insurer? _____ Premium: _____ Limit _____

Is present insurance Claims Made? YES NO If Yes, state retro date _____

Are they willing to renew? YES NO

If no, please explain: _____

Does the policy cover all operations of the Insured? YES NO

If no, please describe: _____

28. Claims History:

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO

If yes, give details: _____

29. Non-Owned Automobile

Number of employees using their cars on company business: Regularly _____
Occasionally _____
Estimated annual cost of hired cars: \$ _____
Estimated annual cost of cars operated under contract: \$ _____

30. Accident Prevention and First Aid

Describe First Aid Facilities:

First Aid Post: Doctors: _____ Full Time: _____ Part Time: _____
Nurses: _____ Full Time: _____ Part Time: _____

Number of Employees Certified in CPR: _____

Is there a security officer or are there loss prevention engineers employed: YES NO

Distance to Ambulance Service: _____ Response Time: _____

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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 basis 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.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

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.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKER NAME: _____
ADDRESS: _____

PHONE NO.: _____
FAX NO.: _____

SUPPLEMENTARY/ATTRACTION QUESTIONNAIRE

(To be attached to and forming part of
Amusement Park Application)
(COMPLETE ONLY SECTIONS APPLICABLE)

ARCADES

No. of Units: _____ Receipts: \$ _____ No. of Attendants: _____

Does the insured own or lease games? _____

Who provides service/maintenance on machines? _____

Type of Floor Covering? _____

Are all machines properly grounded? Yes No

BATTING CAGES

No. of Units: _____ Receipts: \$ _____ No. of Attendants: _____

Manufacturer: _____ Oldest Unit: _____

Minimum Age: _____ No. of participants allowed in cage at one time? _____

Are Helmets required? Yes No Are cages completely closed? Yes No

Are areas clearly marked for right or left-handed batters? Yes No

Are home plates clearly marked? Yes No

Can participants alter settings on the pitching machines? Yes No

Maximum speed for ages Under 12? _____ Maximum speed for ages Over 12? _____

BILLIARDS

No. of Units: _____ Receipts: \$ _____ No. of Attendants: _____

Manufacturer: _____ Oldest Unit: _____

Coin Operated or Rent? _____ Floor Surface? _____

Tournaments? Yes No

BUMPER BOATS

No. of Units: _____ Receipts: \$ _____ No. of Attendants: _____

Manufacturer: _____ Oldest Unit: _____

Age/Height Requirements: _____

Depth of Water? _____ Depth marked on side of pool? Yes No

Coloured Dye in Water? Yes No

Height of Observation Fence? _____

How are Propellers protected? _____

Amount of gas on premises? _____

How is it stored? _____

No. of Attendants CPR Certified? _____

First Aid Certified: _____

Where are boats refueled? _____

BUMPER CARS

No. of Units: _____ Receipts: \$ _____ No. of Attendants: _____

Manufacturer: _____ Oldest Unit: _____

Age/Height Requirements: _____

Are cars equipped with a dash pad & headrest pad? Yes No

Are Seat belts required? Yes No If "No" please explain: _____

How is public restricted from floor area while cars are in motion? _____

CONCESSIONS

No. of Stands: _____ Receipts: \$ _____ Square Footage: _____

Are food operations handled by Insured or by 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? Monthly Quarterly

FIREWORKS

Description of Displays:

INDOOR (Including Types of Venue)	Est. No. of Displays	Duration (Mins.)		Average Cost	Maximum Cost	Avg. No. of Spectators	Max. No. of Spectators
		Avg.	Max.				

OUTDOOR (Including Types of Venue)	Est. No. of Displays	Duration (Mins.)		Average Cost	Maximum Cost	Avg. No. of Spectators	Max. No. of Spectators
		Avg.	Max.				

Please attach details of previous displays.

Please indicate minimum distance of spectators from fireworks.

For INDOOR : _____ For OUTDOOR : _____

Please describe safety precautions taken in each situation: _____

Are the fireworks or effects handled and set off by licensed or qualified individuals?

Are fireworks set off in strict compliance with industry standards?:

Will Fire Department personnel be in attendance? Please provide details.

Is Fire Marshall approval sought?

Please attach photocopy of principal's license.

Please list:

NUMBER OF PYROTECHNICIANS	QUALIFICATIONS AND CLASS OF PYROTECHNICS AUTHORIZED FOR	NO. OF YEARS EXPERIENCE

TYPES OF PYROTECHNICS USED	MANUFACTURER	COUNTRY OF ORIGIN	EVIDENCE OF PRODUCT LIABILITY SUPPLIED

GO - KARTS

(Please complete Pages 11 to 14)

GOLF DRIVING RANGES

No. of Stalls: _____ Receipts: \$ _____ No. of Attendants: _____

Are Restricted Areas marked? Yes No Restricted to one person per box? Yes No

Describe partitions between tee boxes:

No. of Levels? _____ Other attractions exposed to range? _____

KIDDIE RIDES

No. of Units: _____ Receipts: \$ _____ No. of Attendants: _____

Are all rides in full compliance with TSSA or other equivalent safety standards authority? If "No", please explain: Yes No _____

Schedule: (indicate if coin-operated): _____

Name of Ride	Manufacturer	Serial #

LAZER TAG

Size of Play Area: _____ Receipts: \$ _____ No. of Attendants: _____

Type of Flooring: _____ Partition walls used?: _____ Are corners padded? _____

Is Emergency lighting available? _____ Is there skid proofing on all ramps? _____

Maximum No. of Players per Exercise: _____ Are players grouped accdg. to Age & Size? _____

Do attendants mix age groups?: _____ Is attendant in play area during exercise? _____

Length of exercise? _____ Are parents allowed to accompany their children? _____

Are Lasers attached to vests with tether when in use? _____

Is head protection available? _____

Are Lasers two handed? _____ Are guns padded? _____

Emergency exit available? _____ Exits visible and marked: _____

MINIATURE GOLF

Total No. of Holes: _____ # of Courses: _____ Receipts: \$ _____ # Attendants: _____

Receipts: \$ _____

Manufacturer: _____ Oldest Unit: _____

Are Walkways Marked and Lighted? _____

Number of course structures equipped with moving parts? _____

Is access by public limited? Yes No

Are lights covered and protected? Yes No Are ground fault interrupters in place? Yes No

SOFT PLAY/BALL CRAWL

Manufacturer: _____ Age of Equipment: _____

How is equipment anchored? _____

Type of floor covering? _____

Number of employees supervising play area: _____

Is here a set ratio for attendants to children? Yes No Please explain

Will each attraction be supervised by an attendant? Yes No

How often are maintenance inspections done? _____

Is insured allowed to deviate from manufacturer's recommendations for assembly? Yes No

GO KARTS

IMPORTANT: Diagrams of track layout and photos of track area must accompany the application

Receipts: \$ _____

No. of Attendants: _____ No. of Extinguishers/Type: _____

Minimum number of attendants when track is in operation: _____ Maximum number: _____

Where are attendants & extinguishers located? (Please attach diagram & mark placement).

Age/Height Requirements for riders : _____

Describe Remote control device for shut down: _____

Amount of Gas on Premises: _____ How Stored: _____

	TRACK		YES	NO
1.	Surface	Asphalt or concrete	<input type="checkbox"/>	<input type="checkbox"/>
2.	Inclination	Flat, no grades, no banking on corners	<input type="checkbox"/>	<input type="checkbox"/>
3.	Width	Between 18 and 30 feet	<input type="checkbox"/>	<input type="checkbox"/>
4.	Length	What is the total length of your track? _____ Ft.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Straightway	300 feet long or less	<input type="checkbox"/>	<input type="checkbox"/>
6.	Side	No ditches along side track	<input type="checkbox"/>	<input type="checkbox"/>
7.	Crash Barriers	Double row piled HORIZONTALLY of motor car (not commercial or agricultural vehicle tires placed in unbroken line and bound together along inner and outer edge of track, tires lie HORIZONTALLY on ground. Only gap allowed where karts enter and leave track. Maximum height of piled tires anywhere is three tires. DESCRIBE ANY BARRIERS ON TRACK	<input type="checkbox"/>	<input type="checkbox"/>
8.	Markings	White continuous line painted along inner and outside of track with broken line in center.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Safety Space	A clear space is maintained between the double row of tires or other barrier and the safety fence mentioned below of not less than 15 feet free of all type of obstruction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Safety Fence	The complete track area is enclosed in a Safety fence of wire link fencing not less than 4 feet in height and having no gap between the bottom of the fence and the ground.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Safety Equipment	At least two approved A.B.C. type fire extinguishers kept; one adjacent to the refueling area and one in such a position as to be readily available for use on the track. A commercial first aid kit with sufficient quantities of bandages, etc. to be kept for use in time of emergency.	<input type="checkbox"/>	<input type="checkbox"/>

12.	Notices	Suitable notices prominently displayed warning against "BUMPING, CUTTING, TOUCHING THE MOTOR, LEAVING THE KART AND STANDING OR WALKING ON THE TRACK". Also at the entrance of the track a notice to be displayed clearly describing the position and function of the pedals. Any patron with motor vehicle experience or go kart experience shall be permitted to ride the go kart, subject to management's right to disentitle the patron for breach of track rules or safety concerns. (Size of letters to be readable at least 30 ft. away.)	<input type="checkbox"/>	<input type="checkbox"/>
13.	Fuel Storage	Fuel stored adjacent to the track in such a position that a kart out of control could not strike it or a spectator's cigarette could not land near the refueling area.	<input type="checkbox"/>	<input type="checkbox"/>
14.	Helmets	Are all participants required to wear safety Helmet? C.S.A.?	<input type="checkbox"/>	<input type="checkbox"/>
	Seatbelts	Required to be used?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Hair	Are employees providing all long hair participants with elastic bands and rigidly enforcing the use of these to tie back their hair?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Land	Does Applicant own land? If not print name and address of lessor: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
17.	Use	Are individually owned karts forbidden to run on the same course at the same time as rental karts?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Rentals	Track is used only for rental concession by Insured.	<input type="checkbox"/>	<input type="checkbox"/>
19.	Agreements	Are there any written rules and regulations regarding riders, employees as well as any hold harmless agreements? If YES, provide copy.	<input type="checkbox"/>	<input type="checkbox"/>
20.	Employees	Do employees wear clearly identifiable clothing? Are attendants trained with Red Cross, CPR Life-Saving Techniques Safe Procedure Education Program for Employees? (Please attach details)	<input type="checkbox"/>	<input type="checkbox"/>

What is the maximum number of months per year track is opened to the general Public?

	EQUIPMENT		YES	NO
1.	All Karts made by a recognized manufacturer		<input type="checkbox"/>	<input type="checkbox"/>
	Name	Model		
	_____	_____		
	_____	_____		
	Oldest Unit	_____		

2.	All chains and sprockets guarded.		<input type="checkbox"/>	<input type="checkbox"/>

EQUIPMENT (Cont'd)		YES	NO
3.	Brakes fitted to all karts and brakes and steering system is maintained in good condition at all times.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Speed limit governed to MAXIMUM of 26 MPH	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you allow double riding? Do you have side by side double seater karts? How many? _____	<input type="checkbox"/>	<input type="checkbox"/>
6.	Number of Karts owned: _____	<input type="checkbox"/>	<input type="checkbox"/>
7.	Maximum number of karts on track at one time: _____		
8.	Padded steering wheel?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Governor?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Seat Belts?	<input type="checkbox"/>	<input type="checkbox"/>
	Headrest supports?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Roll Bars?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Bumpers all around?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Ignition cut-off switch?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Belt guard cover?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Tank caps fit securely?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Exhaust carries away from driver?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Remote shut-off system?	<input type="checkbox"/>	<input type="checkbox"/>
18.	List Maintenance procedure for all karts: Daily: _____ _____ _____ Weekly: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

	PROCEDURES	YES	NO
1.	Starting of driving sessions to be in line ahead, not in line abreast.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Spectators kept outside safety fence. Only people permitted inside to be participants and employees	<input type="checkbox"/>	<input type="checkbox"/>
3.	No participants admitted within safety fence until previous session has finished and karts are stationary	<input type="checkbox"/>	<input type="checkbox"/>
4.	No sessions to start until participants in previous session have gone outside safety fence.	<input type="checkbox"/>	<input type="checkbox"/>
5.	In the event of an accident on the track, all other karts to be stopped immediately.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Individual drivers must be 10 years of age or older and 54" in height	<input type="checkbox"/>	<input type="checkbox"/>
7.	Verbal inquiries shall be made of every patron as to their motor vehicle driving experience and/or go kart driving experience. Any patron without motor vehicle experience or go kart driving experience must notify the go kart operator. The operator will monitor the inexperienced patron while he/she performs on the track.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Describe precautions taken to avoid rear ending at pit area at the end of the ride.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Attendants are in position so that they can observe and reach any section of the track in order to render assistance within how many seconds?	<input type="checkbox"/>	<input type="checkbox"/>

Email Form

Print Form