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## AMUSEMENT PROGRAM GENERAL LIABILITY APPLICATION

CORPORATE NAME OF APPLICANT: \_\_\_\_\_

OPERATING NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNERS'S NAME: \_\_\_\_\_ MANAGER'S NAME: \_\_\_\_\_

NAME OF CONTACT FOR THIS INSURANCE TRANSACTION: \_\_\_\_\_

*(Please be sure to include AREA code with each phone number)*

BUSINESS PHONE #: \_\_\_\_\_ OFFICE PHONE #: \_\_\_\_\_

OWNER'S HOME PHONE #: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED:  \$300,000  \$500,000  \$1,000,000  
 Other: \_\_\_\_\_  EXCESS AMT: \_\_\_\_\_

DEDUCTIBLE REQUESTED:  \$500  \$1,000  \$2,500  \$5,000

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

1. APPLICANT IS:  INDIVIDUAL  CORPORATION  PARTNERSHIP  
 JOINT VENTURE  OTHER:

S.S. NUMBER OF OWNER OR FEDERAL TAX ID NUMBER (REQUIRED): \_\_\_\_\_

2. CONTACT FOR INSPECTION: NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

CONTACT FOR ACCOUNTING RECORDS: NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

3. NUMBER OF YEARS IN OPERATION: \_\_\_\_\_  NEW BUSINESS  
IF NEW BUSINESS, NUMBER OF YEARS RELATED EXPERIENCE: \_\_\_\_\_

4. WHAT ARE THE APPLICANT'S ESTIMATED GROSS RECEIPTS? \_\_\_\_\_  
WHAT ARE THE APPLICANT'S PRIOR YEAR GROSS RECEIPTS? \_\_\_\_\_

5. \*\* ATTACH A SCHEDULE OF ALL OF APPLICANT'S RIDES AND OR OTHER ACTIVITIES.  
SCHEDULE SHOULD INCLUDE NAME AND TYPE OF ACTIVITY OR RIDE, AGE, NAME OF MANUFACTURER,  
RIDE CAPACITY AND MAXIMUM OPERATING SPEED.

6. IF COVERAGE IS TO APPLY TO AMUSEMENT RIDE(S), DESCRIBE HEIGHT AND TYPE OF FENCING  
REQUIRED FOR SPECTATOR SAFETY: \_\_\_\_\_

7. HOW OFTEN ARE RIDES INSPECTED BY A LOCAL OR STATE AUTHORITY? \_\_\_\_\_

8. WILL THERE BE AN ATTENDANT ON DUTY WHILE RIDES ARE BEING OPERATED?  YES  NO

9. LIST STATE(S) IN WHICH APPLICANT OPERATES: \_\_\_\_\_

10. DOES APPLICANT HAVE WORKER'S COMPENSATION COVERAGE IN FORCE?  YES  NO

11. DOES APPLICANT LEASE EMPLOYEES?  YES  NO

12. DOES APPLICANT HAVE A TRAINING PROGRAM?  YES  NO

IF YES, DESCRIBE: \_\_\_\_\_

13. DURING THE PAST THREE (3) YEARS, HAS ANY COMPANY CANCELLED, DECLINED OR REFUSED TO ISSUE SIMILAR INSURANCE TO THE APPLICANT?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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### PREVIOUS INSURANCE AND LOSS INFORMATION

THIS POLICY INFORMATION IS FOR THE 1995-96 POLICY PERIOD:

INSURANCE COMPANY NAME: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ PREMIUM PAID: \_\_\_\_\_

THIS LOSS INFORMATION IS FOR THE 1995-96 POLICY PERIOD:

LOSSES PAID: \_\_\_\_\_ LOSSES RESERVED: \_\_\_\_\_

PLEASE DESCRIBE LOSSES: \_\_\_\_\_

THIS POLICY INFORMATION IS FOR THE 1996-97 POLICY PERIOD:

INSURANCE COMPANY NAME: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ PREMIUM PAID: \_\_\_\_\_

THIS LOSS INFORMATION IS FOR THE 1996-97 POLICY PERIOD:

LOSSES PAID: \_\_\_\_\_ LOSSES RESERVED: \_\_\_\_\_

PLEASE DESCRIBE LOSSES: \_\_\_\_\_

THIS POLICY INFORMATION IS FOR THE 1997-98 POLICY PERIOD:

INSURANCE COMPANY NAME: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ PREMIUM PAID: \_\_\_\_\_

THIS LOSS INFORMATION IS FOR THE 1997-98 POLICY PERIOD:

LOSSES PAID: \_\_\_\_\_ LOSSES RESERVED: \_\_\_\_\_

PLEASE DESCRIBE LOSSES: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S NAME TYPED OR PRINTED: \_\_\_\_\_ TITLE: \_\_\_\_\_

**AMUSEMENT ATTRACTIONS SUPPLEMENT**

CORPORATE NAME OF APPLICANT: \_\_\_\_\_

OPERATING NAME OF APPLICANT: \_\_\_\_\_

**GO KARTS**

1. TYPE OF TRACK: \_\_\_\_\_
2. PLEASE ADVISE SHAPE: \_\_\_\_\_ SURFACE: \_\_\_\_\_
3. NUMBER OF KARTS:           ADULT: \_\_\_\_\_ KIDDIE: \_\_\_\_\_ TWO SEATER: \_\_\_\_\_
4. IS SPEED GOVERNOR INSTALLED ON KARTS?    YES    NO  
IF YES, WHERE? \_\_\_\_\_
5. ARE KARTS OPERATED AWAY FROM APPLICANT'S TRACK?    YES    NO  
IF YES, WHERE? \_\_\_\_\_
6. ARE KARTS PROVIDED WITH DRIVER GUARDS?    YES    NO  
IF NO, ARE HELMETS PROVIDED?    YES    NO
7. ARE KARTS OCCUPIED BY MORE THAN ONE PERSON AT A TIME?            YES    NO  
IF YES, ARE THEY DESIGNED FOR THIS PURPOSE?            YES    NO
8. IS THERE A HEIGHT LIMITATION FOR OPERATING KARTS?            YES    NO  
IS YES, WHAT HEIGHTS? \_\_\_\_\_

**SCHEDULE OF KARTS**

TYPE OF KART	MANUFACTURER	HOW MANY OWNED	HOW MANY OPERATED	SERIAL (ID) NUMBERS (include all owned karts)

**BUMPER BOATS**

1. HOW DEEP IS WATER AREA? \_\_\_\_\_ DIMENSIONS? \_\_\_\_\_
2. IS WATER AREA MAN MADE?            YES    NO  
IF NO, DESCRIBE: \_\_\_\_\_
3. HOW MANY BUMPER BOATS?           ADULT: \_\_\_\_\_ KIDDIE: \_\_\_\_\_
4. IS THERE ANY KIND OF HEIGHT OR AGE REQUIREMENT?            YES    NO  
IF YES, DESCRIBE: \_\_\_\_\_
5. ARE PARTICIPANTS REQUIRED TO WEAR LIFE SAVING EQUIPMENT?            YES    NO
6. WHAT KIND OF LIFE SAVING EQUIPMENT IS AVAILABLE? \_\_\_\_\_
7. ARE EMPLOYEES TRAINED IN THE USE OF THE LIFE SAVING EQUIPMENT?            YES    NO  
IF YES, DESCRIBE TRAINING: \_\_\_\_\_

**SCHEDULE OF BOATS**

TYPE OF BOAT	MANUFACTURER	HOW MANY OWNED	HOW MANY OPERATED	SERIAL (ID) NUMBERS (include all owned boats)

**BATTING CAGES:**

- 1. NUMBER OF CAGES: \_\_\_\_\_
- 2. MAXIMUM SPEED: \_\_\_\_\_
- 3. ARE ATTENDANTS ON DUTY AT ALL TIMES?     YES    NO
- 4. ARE HELMETS REQUIRED BY ALL PARTICIPANTS?     YES    NO
- 5. ARE BATS SUPPLIED?     YES    NO

**VIDEO ARCADES**

- 1. NUMBER OF MACHINES: \_\_\_\_\_
- 2. ESTIMATED GROSS RECEIPTS: \_\_\_\_\_

**SECURITY:**

- 1. ARE SECURITY GUARDS    EMPLOYEES OF THE APPLICANT   OR    INDEPENDENT CONTRACTORS
- 2. IF INDEPENDENT CONTRACTORS, ARE CERTIFICATES OF INSURANCE REQUIRED?     YES    NO  
IF YES, IS APPLICANT NAMED AS AN ADDITIONAL INSURED ON THESE CERTIFICATES?    YES    NO
- 3. NUMBER OF                      ARMED GUARDS: \_\_\_\_\_ UNARMED GUARDS: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S NAME TYPED OR PRINTED: \_\_\_\_\_ TITLE: \_\_\_\_\_

**AMUSEMENT PROGRAM SUPPLEMENT**

CORPORATE NAME OF APPLICANT: \_\_\_\_\_

OPERATING NAME OF APPLICANT: \_\_\_\_\_

\*\* PLEASE INCLUDE PICTURES AND/OR BROCHURES FOR EACH RIDE OR ATTRACTION

**SCHEDULE**

RIDES AND ATTRACTIONS (INCLUDE AT THE END OF THE SCHEDULE OTHER ATTRACTIONS, SHOWS OR CONCESSIONS)

NAME & SERIAL NUMBER	AGE	MANUFACTURER	CAPACITY	MAX. SPEED
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_____				
_____				
_____				

PARKING LOT?:       YES    NO   IF YES, CAPACITY: \_\_\_\_\_ SURFACE TYPE: \_\_\_\_\_

**ADDITIONAL INSUREDS / CERTIFICATE HOLDERS:**

NAME AND MAILING ADDRESS (INCLUDING ZIP CODE)	INTEREST
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_____	
_____	
_____	

**GENERAL INFORMATION: (EXPLAIN ALL "YES" RESPONSES ON A SEPARATE SHEET OF PAPER)**

- |   |  |
|---|--|
| 1. ANY MEDICAL FACILITIES PROVIDED OR DOCTORS EMPLOYED/CONTRACTED?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. DO OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, APPLYING OR TRANSPORTING OF HAZARDOUS WASTE MATERIALS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. ANY OPERATIONS SOLD, ACQUIRED OR DISCONTINUED IN THE LAST 5 YEARS?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. IS THERE A SWIMMING POOL ON THE PREMISES?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. SPORTING OR SOCIAL EVENTS SPONSORED?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9. ANY DEMOLITION EXPOSURE CONTEMPLATED?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10. IS ANY ALCOHOL SERVED OR ALLOWED ON THE PREMISES?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
- IF YES, GROSS RECEIPTS:    \$ \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S NAME TYPED OR PRINTED: \_\_\_\_\_ TITLE: \_\_\_\_\_