

AMUSEMENT RENTAL APPLICATION

(Please see attached instructions before filling out this application.)

1. Applicant Information Section

Corporate name of insured: _____
Operating name of facility: _____
Mailing address: _____
City: _____ ST: _____ ZIP: _____

Contact Persons:

Inspection of premises: _____ Phone: (____) _____
Accounting records: _____ Phone: (____) _____
Owner: _____ Phone: (____) _____
Manager: _____ Phone: (____) _____

Office phone number: (____) _____ Fax number: (____) _____

Years in business: _____ or New operation
Legal Status: Individual Partnership Corporation Joint Venture
Owner's social security number or business corporate tax ID number (**REQUIRED**): _____

What is your operating season? From: _____ To: _____ Year Round
Do you have a formal operations guide? Yes No *If Yes, please attach copy*
So you sell or serve alcoholic beverages? Yes No
If Yes, is Liquor Liability coverage desired? Yes No
Are you a member of a trade organization? Yes No If Yes, please name: _____

2. Prior Insurance & Loss Information Section

New business, no prior insurance (skip to Section 3)

Present insurance carrier: _____
Expiration date of policy: _____ Expiring premium: \$ _____
Has any insurance carrier terminated coverage or declined your renewal? Yes No
If Yes, please explain: _____

Have you had any claims in the past three (3) years? Yes No
If Yes, please list on a separate sheet of paper. Include date of loss, description of loss and amount paid.

3. Insurance Requested

Limit(s) of liability requested: \$300,000 \$500,000 \$1,000,000 Other: \$ _____
Deductible(s) requested: \$500 \$1,000 \$2,500 \$5,000
Effective date of coverage: _____
Expiration date of coverage: _____

