## JBL Trinity Group, Ltd.

17 State Street, 16th Floor, New York, NY 10004 Phone: 1-800-925-RINK Fax: 1-212-425-6760

## JBL Trinity West, Ltd.

P.O. Box 7284, Edmond, OK 73083-7284 Phone: 1-888-302-6330 Fax: 1-405-216-8228

## **AMUSEMENT RENTAL APPLICATION**

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

	Applicant Information Section  Corporate name of insured:							
	Operating name of facility:							
	Mailing address:							
	Mailing address:	ST:			ZIP:			
	Contact Persons:							
	Inspection of premises:		Phone:	(	_)			
	Accounting records:		Phone.	(	)			
	Owner:		Phone:	(	_)			
	Manager:		Phone:	(	)			
	Office phone number: ()	Fax nu	mber: (_	)				
	Years in business: or							
		_						
	What is your operating season? From:	To:			☐ Year Round			
	Do you have a formal operations guide?				If Yes, please attach copy			
	So you sell or serve alcoholic beverages?							
	If Yes, is Liquor Liability coverage desired?							
	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 de	Expiring premium: \$						
		•						
	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. Incli		ss, desc	ription	of loss and amount paid.			
- 3.	Insurance Requested							
		\$500,000	□ \$1,00	,	□ Other: \$			
	` ' '	\$1,000	□ \$2,50	0	□ \$5,000			
	Effective date of coverage:							
	Expiration date of coverage:							

4. General Information Section			
Rental	Estimated Annual	A Attended	U Unattended
Type	Gross Receipts	Attended	Unattended
		%	%
		%	%
		%	%
		%	<u></u> %
		%	%
		%	%
		%	%
		%	
			%
		%	%
			70
□ Additional Insured □ Certificate Holl Name:  Mailing address:  City, ST, ZIP:  Phone number: ( )  Fax Number: ( )  Contact:  Date(s) of event:  Equipment to be used:	Name:Nailing address: City, ST, ZIP:Phone number: Fax Number: (	( ) :	
□ Additional Insured □ Certificate Holl Name:  Mailing address:  City, ST, ZIP:	Mailing address: City, ST, ZIP:		older
Phone number: ( )	Phone number: Fax Number: (	`	
Contact:	Contact:	/	
Date(s) of event:	Date(s) of event	•	
Equipment to be used:	Equipment to be	used:	
If there is not enough spac	e above, please list additional on a	a separate sheet of p	paper.
Signature of applicant:			
Name typed or printed:			
Title of signer:	Date s	signed:	