

# Specialty Insurance Coverage

*For Sports Facilities and Family Fun Centers*

## Sports Facility / Family Fun Center Request for Quotation

Please complete the following application. Once the application is received, a quotation will be sent within one business day. As activities vary, some questions may not be applicable. Please indicate N/A where necessary.

### GENERAL INFORMATION

1. Facility Name \_\_\_\_\_
2. Facility Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Mailing Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Contact Person \_\_\_\_\_
5. Telephone \_\_\_\_\_ Fax \_\_\_\_\_
6. Website Address \_\_\_\_\_ Date of Formation \_\_\_\_\_
7. Person responsible for general operation of activities \_\_\_\_\_  
Years of experience and type of experience \_\_\_\_\_
8. How do you wish to receive your quotation?  
☐ Via Fax \_\_\_\_\_  
☐ Via Email \_\_\_\_\_  
☐ Via U.S. Mail \_\_\_\_\_
9. Annual Gross Receipts: \_\_\_\_\_
10. Square Footage of Facility: \_\_\_\_\_

### UNDERWRITING INFORMATION

Check all application activities and provide requested information.

- ☐ **Attendant Operated Mechanical Rides**  
Name and Description of Rides: \_\_\_\_\_  
\_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_
- ☐ **Batting Cages**  
Number of Cages and Description: \_\_\_\_\_  
\_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_
- ☐ **Bowling**  
Number and Description of Lanes: \_\_\_\_\_  
\_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_
- ☐ **Bumper Cars**  
Number and Description of Cars: \_\_\_\_\_  
\_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_

☐ **Coin Operated Mechanical Rides**  
Name and Description of Rides: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_

☐ **Driving Range**  
Number of Stalls and Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_

☐ **Food Operations / Concession Stands**  
Is Food Prepared on Premises: \_\_\_\_\_  
\_\_\_\_\_  
Description of Food: \_\_\_\_\_  
\_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_

☐ **Inflatable Rentals (With Operators)**  
Name and Description of Inflatables: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_

☐ **Inflatable Rentals (Without Operators)**  
Name and Description of Inflatables: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_

☐ **Go Kart Rides**  
Name and Description of Rides: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_

☐ **Laser Tag**  
Description of Area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_

☐ **Miniature Golf**  
Number of Holes and Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_

☐ **Roller Skating Rinks**  
Description of Rink: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_

☐ **Other Activities**  
Description of Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_

# Specialty Insurance Coverage

*For Sports Facilities and Family Fun Centers*

## INSURANCE INFORMATION

Please provide the past three years claims experience if applicable. These are required to obtain a quotation if there has been prior insurance coverage.

Current Insurance Company \_\_\_\_\_

Current Expiring Premium \_\_\_\_\_

Has Prior Insurance Ever Been Cancelled / Non-Renewed? \_\_\_\_\_

## GENERAL QUESTIONS

- |                              |                             |                                                                                                  |
|------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are rules posted conspicuously and enforced at all times?                                        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are participants required to wear safety equipment during play?                                  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are participants required to sign a Waiver & Release of Liability? <b>Please provide a copy.</b> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are copies of the Waiver & Release of Liability kept on file?                                    |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you currently have a risk management plan?                                                    |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are the referees or coaches employees of your organization?                                      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are parking lots well lit and patrolled?                                                         |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are facility/playing field inspections and maintenance performed?                                |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is a log kept of inspections and maintenance performed?                                          |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are written emergency procedures in place? (attach copy)                                         |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does the facility rent or repair sports equipment?                                               |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is the facility locked so that patrons cannot use it when closed?                                |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are there construction operations on site?                                                       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you provide childcare on site?                                                                |

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted.

Signature of Facility Representative

Telephone Number

Agent Name & License Number

Agent Telephone Number

Agent Address

Agency Email Address

<b>ACORD<sup>TM</sup> COMMERCIAL INSURANCE APPLICATION</b> <b>APPLICANT INFORMATION SECTION</b>				DATE (MM/DD/YYYY)	
AGENCY	PHONE (A/C, No, Ext):	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	FAX (A/C, No.):	POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
	INDICATE SECTIONS ATTACHED			EQUIPMENT FLOATER GARAGE AND DEALERS INSTALLATION/BUILDERS RISK VEHICLE SCHEDULE ELECTRONIC DATA PROC BOILER & MACHINERY COMMERCIAL GENERAL LIABILITY WORKERS COMPENSATION BUSINESS AUTO UMBRELLA TRANSPORTATION/ MOTOR TRUCK CARGO TRUCKERS/MOTOR CARRIER	
	CODE:                      SUB CODE:				
AGENCY CUSTOMER ID:					

<b>STATUS OF TRANSACTION</b> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE    DATE                      TIME                      AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL			<b>PACKAGE POLICY INFORMATION</b> ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
					DIRECT BILL		
					AGENCY BILL		

<b>APPLICANT INFORMATION</b> NAME (First Named Insured & Other Named Insureds)				FEIN OR SOC SEC # (of First Named Insured): PHONE (A/C, No, Ext):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)	
E-MAIL ADDRESS(ES):				WEBSITE ADDRESS(ES):			
INDIVIDUAL	CORPORATION	SUBCHAPTER "S" CORPORATION	LLC	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED	
PARTNERSHIP	JOINT VENTURE	NOT FOR PROFIT ORG	NO. OF MEMBERS AND MANAGERS				
INSPECTION CONTACT			PHONE (A/C, No, Ext):		ACCOUNTING RECORDS CONTACT		
			PHONE (A/C, No, Ext):				

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	PART OCCUPIED
			INSIDE	OWNER			
			OUTSIDE	TENANT			
			INSIDE	OWNER			
			OUTSIDE	TENANT			

<b>NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)</b>
-------------------------------------------------------------------

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?			
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				9. ANY UNCORRECTED FIRE CODE VIOLATIONS?			
4. ANY CATASTROPHE EXPOSURE?				10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?			
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?				11. HAS BUSINESS BEEN PLACED IN A TRUST?			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)				IF YES, NAME OF TRUST:			
<b>REMARKS/PROCESSING INSTRUCTIONS</b>  ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)							
APPLICANT'S SIGNATURE		DATE		PRODUCER'S SIGNATURE		NATIONAL PRODUCER NUMBER	

PRIOR CARRIER INFORMATION

LINE	CATEGORY															
GENERAL LIABILITY LIMITS	CARRIER															
	POLICY NUMBER															
	POLICY TYPE	CLAIMS MADE		OCCURRENCE	CLAIMS MADE		OCCURRENCE	CLAIMS MADE		OCCURRENCE	CLAIMS MADE		OCCURRENCE			
	RETRO DATE															
	EFF-EXP DATE															
	GENERAL AGGREGATE															
	PRODUCTS COMP OP AGGREGATE															
	PERSONAL & ADV INJ															
	EACH OCCURRENCE															
	FIRE DAMAGE															
	MEDICAL EXPENSE															
	BODILY INJURY	OCCURRENCE					OCCURRENCE					OCCURRENCE				
		AGGREGATE					AGGREGATE					AGGREGATE				
	PROPERTY DAMAGE	OCCURRENCE					OCCURRENCE					OCCURRENCE				
		AGGREGATE					AGGREGATE					AGGREGATE				
COMBINED SINGLE LIMIT																
MODIFICATION FACTOR																
TOTAL PREMIUM																
AUTOMOBILE	CARRIER															
	POLICY NUMBER															
	POLICY TYPE															
	EFF-EXP DATE															
	COMBINED SINGLE LIMIT															
	BODILY INJURY	EA PERSON					EA PERSON					EA PERSON				
		EA ACCIDENT					EA ACCIDENT					EA ACCIDENT				
	PROPERTY DAMAGE															
	MODIFICATION FACTOR															
	TOTAL PREMIUM															
PROPERTY	CARRIER															
	POLICY NUMBER															
	POLICY TYPE															
	EFF-EXP DATE															
	BUILDING	AMT					AMT					AMT				
	PERS PROP	AMT					AMT					AMT				
	MODIFICATION FACTOR															
	TOTAL PREMIUM															
	CARRIER															
	POLICY NUMBER															
	POLICY TYPE															
	EFF-EXP DATE															
	LIMIT															
	MODIFICATION FACTOR															
	TOTAL PREMIUM															

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
REMARKS      NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY						ATTACHMENTS	
						STATE SUPPLEMENT(S) (If applicable)	
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)							

**NOTICE OF INSURANCE INFORMATION PRACTICES** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ACORD™

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YY)

PRODUCER

PHONE (A/C, No, Ext):

APPLICANT (First Named Insured)

EFFECTIVE DATE

EXPIRATION DATE

DIRECT BILL

AGENCY BILL

PAYMENT PLAN

AUDIT

CODE:

SUB CODE:

AGENCY CUSTOMER ID:

FOR COMPANY USE ONLY

COVERAGES

LIMITS

COMMERCIAL GENERAL LIABILITY

CLAIMS MADE

OCCURRENCE

OWNER'S & CONTRACTOR'S PROTECTIVE

DEDUCTIBLES

PROPERTY DAMAGE

BODILY INJURY

\$

\$

\$

PER CLAIM

PER OCCURRENCE

GENERAL AGGREGATE

PRODUCTS & COMPLETED OPERATIONS AGGREGATE

PERSONAL & ADVERTISING INJURY

EACH OCCURRENCE

FIRE DAMAGE (Any one fire)

MEDICAL EXPENSE (Any one person)

EMPLOYEE BENEFITS

\$

\$

\$

\$

\$

\$

\$

PREMIUMS

PREMISES/OPERATIONS

PRODUCTS

OTHER

TOTAL

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)

SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

RATING AND PREMIUM BASIS

(P) PAYROLL - PER \$1,000/PAY

(C) TOTAL COST - PER \$1,000/COST

(U) UNIT - PER UNIT

(S) GROSS SALES - PER \$1,000/SALES

(A) AREA - PER 1,000/SQ FT

(M) ADMISSIONS - PER 1,000/ADM

(T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EMPLOYEE BENEFITS LIABILITY

1. PROPOSED RETROACTIVE DATE:

2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:

3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?

4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

1. DEDUCTIBLE PER CLAIM: \$

2. NUMBER OF EMPLOYEES:

3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:

4. RETROACTIVE DATE:

REMARKS

REMARKS

ACORD 126-S (1/97)

Never Modified

PLEASE COMPLETE REVERSE SIDE

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PF v1.0.0

## CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		\$ PAID TO SUB-CONTRACTORS:		% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	

## PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

## ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR						
		ITEM DESCRIPTION:				

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
7. ANY PARKING FACILITIES OWNED/RENTED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
8. IS A FEE CHARGED FOR PARKING?							
9. RECREATION FACILITIES PROVIDED?							
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
REMARKS							

ACORD 126-S (1/97)

ATTACH TO APPLICANT INFORMATION SECTION

Never Modified

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