# KINSALE®
## EXPLORE THE POTENTIAL

# AMUSEMENT DEVICE SUPPLEMENTAL APPLICATION
### ATTACH ADDITIONAL SHEETS AS NECESSARY.
### ANSWER ALL QUESTIONS.  If not applicable, indicate N/A.

## GENERAL INFORMATION

1)

| | |
|---|---|
| Named Insured: | |
| Brokerage/Broker: | Agency/Agent: |
| Renewal?          Yes ☐   No ☐ | Policy Number: |
| Effective Date: | |
| Website: | |

2)  Current Carrier Information:

| | | |
|---|---|---|
| Carrier: | | |
| Limit of Insurance: | | |
| Deductible: | | |
| Premium: | | |
| Offering renewal?  Yes ☐   No ☐ | Claims made?  Yes ☐   No ☐ | Retroactive date: |

*Please attach copies of the following:*

*a)   Currently valued five year loss runs, including claim detail for all losses open or exceeding $15,000*

*b)   Applicant's product brochure, catalog, or marketing materials if a website is not available*

3)  What are your operations?  Check all that apply:
☐ Manufacturing of Permanently Installed Non-Aquatic Amusement Devices/Device Components
☐ Manufacturing of Permanently Installed Aquatic Amusement Devices/Device Components
☐ Manufacturing of Inflatable Amusement Devices/Device Components
☐ Manufacturing of Fun/Haunted Houses or Escape Rooms with No Mechanical, Electrical, or Motion Devices of Any Kind
☐ Manufacturing of Motion Virtual Reality Amusement Devices
☐ Manufacturing of Stationary Virtual Reality Amusement Devices
☐ Manufacturing of "Claw Machines," Arcade Cabinets, Midway Skill Games
☐ Installation and/or Maintenance and Service of Permanently Installed Amusement Devices
☐ Rental With Operators/Set Up of Amusement Inflatables
☐ Rental Without Operators/Set Up of Amusement Inflatables
☐ Manufacturing of Mobile Amusement Devices
☐ Rental of Mobile Amusement Devices
☐ Amusement Device Operation Services/Carnival Performer Services
☐ Permanent Site Amusement or Theme Park Operation
☐ Fair/Carnival Operation

4)  Please complete the below table regarding your sales:

| Upcoming Year (est.): | Last 12 Months: | One Year Prior: | Two Years Prior: | Three Years Prior: |
|---|---|---|---|---|
| | | | | |

5) Audit/Inspection contact: _____
   a. Phone number: _____
   b. Email: _____

6) Are your products subject to any federal standards and/or regulations (ASTM, CPSC, etc.)?    Yes ☐    No ☐
   If yes, list regulations.

   ┌────────────────────────────────────────────────────────────┐
   │                                                            │
   │                                                            │
   └────────────────────────────────────────────────────────────┘

7) Have you been cited by any regulatory agency for violations arising out of business    Yes ☐    No ☐
   activity involving your product?  If Yes, please provide details.

   ┌────────────────────────────────────────────────────────────┐
   │                                                            │
   │                                                            │
   └────────────────────────────────────────────────────────────┘

8) For part manufacturers, are your parts critical to the safe operation of the amusement device?    Yes ☐    No ☐
   If the part fails, is a safety redundancy in place to mitigate damage and/or injury?    Yes ☐    No ☐
   Please describe:

   ┌────────────────────────────────────────────────────────────┐
   │                                                            │
   │                                                            │
   └────────────────────────────────────────────────────────────┘

9) For inflatable rentals, are inflatables immediately evacuated in the event of wind?    Yes ☐    No ☐
   Please describe anchoring method:

   ┌────────────────────────────────────────────────────────────┐
   │                                                            │
   │                                                            │
   └────────────────────────────────────────────────────────────┘

10) For fair or carnival operations and mobile amusement device rental, please clarify the following:
    a. State(s) of operation: _____
    b. Do you have live animal performances or exhibits?    Yes ☐    No ☐
       If yes, please attach list of animals and descriptions of exhibits.
    c. Number of rides: _____
    d. Are electrical set-ups performed by a licensed and insured/bonded electrician?    Yes ☐    No ☐
    e. Are rides inspected daily?  Attach daily inspection checklist.    Yes ☐    No ☐
    f. Do you operate or rent any rides manufactured more than 10 years ago?    Yes ☐    No ☐
       If Yes, please attach list of rides and date of last ultrasound inspection.
    g. Are you the original owner of all amusement devices?    Yes ☐    No ☐
       If no, have you notified the manufacturer of the transferal of ownership to you?    Yes ☐    No ☐

11) Are batch or product records, serial numbers or copies of guarantee/warranty cards    Yes ☐    No ☐
    maintained that would facilitate tracing whereabouts of products?  If Yes, confirm how
    long these records are maintained:_____

12) In the event that it becomes necessary to recall a product, do you have a recall plan in place?    Yes ☐    No ☐
    a. Do you have Product Recall insurance?    Yes ☐    No ☐
    b. What means would be used to secure the return and disposal of the product?

    ┌────────────────────────────────────────────────────────────┐
    │                                                            │
    │                                                            │
    └────────────────────────────────────────────────────────────┘

13) Have you ever had a product recall event?        Yes ☐   No ☐
     a. If yes, provide the following details: Date of recall(s): _____
     b. Voluntary? ☐   Ordered? ☐   By what agency? _____
     c. Product(s) involved:

       _____

     d. Reason for recall and how discovered: _____
     e. What was the remedy of the problem? _____
     f. What percentage of recalled goods were returned/repaired? _____

14) Are there any present situations that might give rise to an incident causing a product recall?    Yes ☐   No ☐
If Yes, please provide details.

15) Have you had any Product Liability claims that were or were not covered by insurance?    Yes ☐   No ☐
If yes, please attach an explanation.

16) During the past five years, has any insurer ever canceled or non-renewed similar insurance    Yes ☐   No ☐
to any applicant or has your insurance been canceled for nonpayment of premium by any
insurance or finance company? If yes, please attach an explanation.

17) Is your company aware of any occurrences, facts, circumstances, incidents, situations,    Yes ☐   No ☐
damages or accidents (including but not limited to allegations of faulty or defective products,
product failure, product dispute bodily injury or property damage) arising out of or related to
your products that a reasonably prudent person might expect to give rise to a claim or lawsuit
whether valid or not which might directly or indirectly involve the company?

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: _____  Title: _____

FEIN #: _____

Applicant's Signature: _____  Date: _____

Agent/Broker Name: _____