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 K&K Insurance Brokers, Inc. Canada

FAMILY FUN CENTRE APPLICATION

Policy period required from: _____ to _____
(Year) (Year)

INSURED:

Named Insured as it is to appear on policy: _____

What is the Insured? Corporation Partnership Joint Venture
 Individual Other _____

a) Mailing Address: _____
(Number) (Street) (City) (Prov.) (Postal Code)

b) Address of Facility (if different than mailing):

(Number) (Street) (City) (Prov.) (Postal Code)

Ph: _____ Fax: _____ Email: _____

Years in Business: _____

Operating Season:
 From: _____ To: _____

Name, Address and Description of Operations of all Subsidiary Companies:

Trade Associations which Insured Belongs to: _____

Prior Insurance Carrier: _____ Premium: _____

Has Insurance ever been: Cancelled Declined Non-Renewed

Additional Insureds: (as they will appear on the policy)

NAME _____
 ADDRESS _____
 RELATIONSHIP* _____

If additional space is required, please use the back of this form or attach a separate sheet.

* if the additional insured is an owner, manager or lessor of the premises, please indicate the part of the premises leased or rented to you by the designated additional insured as respects your activity or operation.

BROKER

Name of Agent/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

GENERAL INFORMATION

Total Gross Receipts: _____ # Annual Admissions: _____

Hours of Operation: _____ Park Capacity: _____

Describe Parking Facilities & Lighting: _____

Describe Security (armed/unarmed): _____

Is Security present during open hours? Yes No Closed Hours? Yes No

Employees or Subcontracted out employees? (list subcontractor) _____
(attach certificate)

Do you provide Baby-sitting/Day Care? Yes No Child to Attendant Ratio: _____

** If yes, please fill out the Abuse Application.*

Please explain service: _____

Describe First Aid Facilities: _____

Number of employees Certified in CPR: _____

Minimum # of CPR Trained Employees on duty at any time: _____

Distance to Fire Department / Response Time: _____

Closest Fire Hydrant: _____ feet. Number of Extinguishers on premises: _____

Smoke / Fire Alarm Types (local / central station): _____

Distance to Ambulance / Response Time: _____

Emergency Lighting: Yes No

Physical Security (alarms/dead bolts/ fencing, etc.): _____

Do you host special events such as concerts or fireworks displays? Yes No

(If yes, please fill out Special Events Application and attach).

ATTRACTION INFORMATION

ARCADES:

of UNITS: _____ Receipts: \$ _____ # of Attendants _____

Does the insured own or lease games?: _____

Who provides service/maintenance on machines?: _____

Type of Floor Covering? _____

Are all machines properly grounded? Yes No

BATTING CAGES:

of UNITS: _____ Receipts: \$ _____ # of Attendants _____

Manufacturer: _____ Oldest unit: _____

Minimum Age: _____ # of participants allowed in cage at one time? _____

Are Helmets required? Yes No

Are cages completely closed?: Yes No

Are areas clearly marked for right or left handed batters? Yes No

Are Home plates clearly marked?: Yes No
Can participants alter settings on the pitching machines?: Yes No
Maximum speed for ages Under 12 _____ Maximum speed for ages Over 12? _____

BILLIARDS:

of UNITS: _____ Receipts: \$ _____ # of Attendants _____
Manufacturer: _____ Oldest Unit: _____
Coin Operated or Rent? _____ Floor Surface? _____
Tournaments? Yes No

BUMPER BOATS:

of UNITS: _____ Receipts: \$ _____ # of Attendants _____
Manufacturer: _____ Oldest Unit: _____
Age/Height Requirements: _____
Depth of Water? _____ Depth marked on side of pool? Yes No
Colored dye in water? Yes No
Height of observation fence: _____ How are propellers protected? _____
Amount of gas on premises? _____ How is it stored? _____
Number of Attendants CPR Certified? _____ First-Aid Certified: _____
Where are boats refueled? _____

BUMPER CARS:

of UNITS: _____ Receipts: \$ _____ # of Attendants _____
Manufacturer: _____ Oldest Unit: _____
Age/Height Requirements: _____
Are cars equipped with a dash pad & headrest pad? Yes No
Are seat belts required? Yes No
If no, please explain: _____
How is public restricted from floor area while cars are in motion? _____

CONCESSIONS:

of STANDS: _____ Receipts: \$ _____ Square Footage _____
Describe goods sold: _____
Are food operations handled by insured or subcontractor? _____
(Attach Certificate)
Is there a grill? Yes No Is there a deep fryer? Yes No
Is there an automatic ansul system protecting cooking/frying surfaces? Yes No
Hoods/ducts cleaned by contractor: Monthly Quarterly

GOLF DRIVING RANGES:

of STALLS: _____ Receipts: \$ _____ # of Attendants _____
Are Restricted Areas marked? Yes No Restricted to one person per box? Yes No
Describe partitions between tee boxes: _____
Levels: _____ Other attractions exposed to range? _____

GO KARTS:

Single Karts: _____ # Double Karts: _____ # Tracks: _____ Receipts \$ _____

Attendants: _____ # Extinguishers / Type: _____

Where are attendants & extinguishers located? (Please attach diagram & mark placement)

Age/Height Requirements: _____

Maximum Speed of Karts: _____ Are governors installed? Yes No

Maximum number of karts on track at one time? _____

Manufacturer: _____ Oldest Unit: _____

Are seat belts required? Yes No

If no, please explain: _____

Are helmets required? Yes No Roll bars? Yes No Bumper Guards? Yes No

Describe Remote Control device for shut down: _____

Is Double riding allowed? Yes No Padded Steering Wheel? Yes No

Is there a Headrest support? Yes No

Type of track surface? _____

Do allow racing? Yes No Do you allow tomed runs? Yes No

Describe guardrail protection: _____

Amount of Gas on Premises: _____ How stored? _____

KIDDIE RIDES:

of UNITS: _____ Receipts: \$ _____ # of Attendants _____

Are all rides in full compliance with ASTM – 24 Standards? Yes No

Schedule: (indicate if coin-operated)

NAME OF RIDE	MANUFACTURER	SERIAL #

MINIATURE GOLF:

Total # of Holes: _____ # of Courses: _____ Receipts: \$ _____ # of Attendants _____

Manufacturer: _____ Oldest Unit: _____

Are walkways marked and lighted? Yes No

What is the surface of the walkways? _____

Number of course structures equipped with moving parts? _____

Is access by public limited? Yes No

Are lights covered and protected? Yes No Are ground fault interpreters in place? Yes No

SOFT PLAY / BALL CRAWL:

Manufacturer: _____ Oldest Unit: _____

How is equipment anchored? _____

Type of Floor covering: _____

Number of employees supervising play area? _____

Is there a set ratio for attendants to children? Yes No

Please explain: _____

Will each attraction be supervised by an attendant? Yes No

How often are maintenance inspections done? _____

Is insured allowed to deviate from manufacturer's recommendations for assembly? Yes No

OTHER:

Please list all other rides / attractions / areas at your park and the number of units when applicable:

ATTRACTION/AREA	# UNITS	RECEIPTS

Frequency of attraction / area self-inspection: _____ Documented? Yes No

Instructional signage posted for each attraction? _____

** If area or attraction includes liquor sales, please fill out Liquor Liability Application*

Limits of Liability required:

Commercial General Liability

Each Occurrence Limit	\$ _____
Products - Completed Operations Aggregate Limit	\$ _____
Personal Injury Limit	\$ _____
Tenants Legal Liability Limit	\$ _____
Medical Expense Limit - Per Occurrence/Per Person	\$ _____
Non-Owned Automobile Limit - Liability	\$ _____
- Physical Damage	\$ _____
Employee Benefits Limit	\$ _____
Employers Liability Limit	\$ _____
Advertising Injury Limit	\$ _____
Other: _____	\$ _____
Deductible:	\$ _____

(minimum \$1,000 except go-karts @ \$2,500)

Operations:

a) Please describe fully and break down the types of operations and work performed by the Applicant:

Operations	Estimated Annual Attendance	Estimated Gross Receipts for the Coming Year

b) If the Insured has food and/or beverage sales, please indicate receipts:

Food \$

Alcohol \$

** If receipts indicate liquor sales please fill out Liquor Liability Application*

c) Does the Insured have any discontinued operations?

Yes No

If yes, please state details: _____

What specific expertise does the Applicant's employees and/or volunteers have related to the Applicant's business? _____

Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? Yes No
If yes, please provide details: _____

b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract? Yes No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? Yes No

If no, please advise procedures followed and details of contracts used: _____

c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured? Yes No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability? Yes No

d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians? Yes No

If no, in whole or part, please explain: _____

If yes, in whole or part, please attach a copy of the waiver

Protective Liability

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ _____ Sublet? \$ _____

Please describe the types of work let or sublet: _____

Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: _____

Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? Yes No

If no, please explain: _____

Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft?

If yes, please give details: _____

Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? Yes No

If yes, please provide details: _____

b) Does the Insured rent or lease vehicles from others? Yes No

If yes (i) How often per year? _____ (per year)
(ii) Are any of these vehicles driven in the United States? Yes No

c) Does the Insured contract services from others? Yes No
If yes, please describe: _____

d) Does the Insured contract services from others for the purpose of operating Vehicles to perform maintenance, service, haulage or snow removal operations? Yes No

Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date

Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.)

Please provide deductible or self-insured retention amounts for each year noted in previous question.

Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect Any deductible provision(s) contained in existing or previous insurance policies? Yes No

Please attach a copy of the Insured's most recent audited financial statement.

Does the Insured have a formal loss-control program? Yes No

If yes, please provide details: _____

Does the Insured have a formal employee safety-training program? Yes No

If yes, please provide details: _____

Does the Insured have a formal premises snow/ice clearance procedure? Yes No

If yes, please provide details: _____

Does the Insured have a formal equipment or premises maintenance procedure? Yes No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel: _____

- A) Please attach a formal diagram/brochure of the premises
- B) Please provide a formal training/operations guide (If applicable)
- C) Please fill out the Liquor Liability Act if receipts indicate liquor sales.

**NOTE: APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT AND THE BROKER
(WHEN APPLICABLE)! COVERAGE WILL NOT BE QUOTED WITHOUT THE APPLICANT
AND THE BROKER'S (AS APPLICABLE) SIGNATURES**

By signing the application, the undersigned declares all statements set forth and herein to be true, complete and accurate. Also, the undersigned hereby declares that any knowledge of an event, which would alter the information herein, will be reported in writing to the insurer at the earliest opportunity. It is understood and agree that the completion and submission of this application shall not be binding to the applicant or Company until coverage is bound by the Company.

Applicant: _____ Title: _____ Date: _____

Agent/Broker: _____ Title: _____ Date: _____