How to return Your Application

(Use for applications anywhere in the USA)

PLEASE FAX, OR EMAIL YOUR COMPLETED APPLICATION TO:

Stratum Insurance Agency LLC

PHONE: 949-270-0609

FAX: 949-270-0608

Email: helpdesk@stratuminsurance.com

In Ca Lic 0e52066

Special Insurance Coverage for Sport Facilities and Family Fun Centers

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Submission Requirements

Please provide the following with this application:

- Currently valued insurance company loss runs for the current policy period plus four (4) prior years
- Ride Inspection Forms
- Copy of waivers and release
- Copy of written emergency procedures

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

Please print or type

Facility Name

Type of Operation

☐ Corporation ☐ Individual/Sole Proprietor ☐ Partnership/Joint Venture
☐ Limited Liability Company (LLC) ☐ Other:

Facility Address | **City** | **State** | **Zip**

Full Mailing Address | **City** | **State** | **Zip**

Contact Name | **Phone Number** | **Email Address**

Website Address | **Date of Formation**

How do you wish to receive your quotation?

☐ Via Fax
☐ Via Email
☐ Via U.S. Mail

Person responsible for general operation of activities | **Years and type of experience**

Effective Date | **Hours of Operations** | **Annual Payroll**

Number of employees | **Average annual attendance** | **Annual Gross Receipts**

Square Footage of Facility

Do you run criminal background checks on employees? ☐ YES ☐ NO

Does the application have a formal safety training program for employees? ☐ YES ☐ NO

Does the applicant have surveillance cameras? ☐ YES ☐ NO

Does applicant have central station fire and burglar alarm? ☐ YES ☐ NO

Does your facility include an air supported structure and/or dome? ☐ YES ☐ NO

Does the applicant have an automatic extinguishing system over deep fat fryers, grills, & stoves? ☐ YES ☐ NO

Are rules posted conspicuously and enforced at all times? ☐ YES ☐ NO

Are incident reports completed and maintained for all injures, regardless of severity? ☐ YES ☐ NO

Are participants required to sign a Waiver & Release of Liability for all activities? If yes, please provide a copy. ☐ YES ☐ NO

Are copies of the Waiver & Release of Liability kept on file? ☐ YES ☐ NO

Are the referees or coaches employees of your organization? ☐ YES ☐ NO

Do you have a Risk Management Plan? ☐ YES ☐ NO

Are facility/playing field inspections and maintenance performed? ☐ YES ☐ NO

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Are parking lots well-lit and patrolled? ☐ YES ☐ NO

Is a log kept of inspections and maintenance performed? ☐ YES ☐ NO

Does the facility rent or repair sports equipment? ☐ YES ☐ NO

Are written emergency procedures in place? (If yes, please attach copy) ☐ YES ☐ NO

Are parking lots well-lit and patrolled? ☐ YES ☐ NO

Is the facility locked so that patrons cannot use it when closed? ☐ YES ☐ NO

Do you provide childcare on site? ☐ YES ☐ NO

Is your current insurer non-renewing coverage? ☐ YES ☐ NO

Have any liability claims been paid by your insurer during the last 3 years? If yes, please describe claims.

Insurance Information

Current Insurance Company

Current Expiring Premium

Agility/Conditioning Facilities

Annual Receipts

Does your facility offer Parkour Ninja Warrior Training Facilities? ☐ YES ☐ NO

Does your facility offer MMA/MMA-like/Boxing training? ☐ YES ☐ NO

Arcade

How many machines

Annual Receipts

Are all machines properly grounded? ☐ YES ☐ NO

Are there any coin-operated rides? If yes, please see Coin Operated Mechanical Rides. ☐ YES ☐ NO

Attendant Operated Mechanical Rides

Number of Mechanical Rides

Annual Receipts

Batting Cages

How many Cages

Annual Receipts

Minimum age requirement

Maximum velocity (over 80 mph ineligible)

Are batting cages limited to one (1) person per cage? ☐ YES ☐ NO

Are batting cages self-contained or closed? ☐ YES ☐ NO

Are markings clearly displayed for home base and hitters? ☐ YES ☐ NO

Machine velocity checked or calibrated? ☐ YES ☐ NO

Are pitching machine settings able to be altered by hitter? ☐ YES ☐ NO

Light or similar indicator when last ball has been pitched? ☐ YES ☐ NO

Helmet or other safety equipment required to be used by participants in cages? ☐ YES ☐ NO

Are participants allowed to swing bats outside of cages? ☐ YES ☐ NO

Billiards/Pool Tables

How many Tables

Annual Receipts

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Bumper Boats

How many Boats | Annual Receipts | Manufacturer

Maximum engine horse power | Age/Height Requirements - at least ten (10) and 48"? ☐ YES ☐ NO

Height of observation fence | Is water rescue equipment (throw rings, shepherd hooks present)? ☐ YES ☐ NO

Is the depth of water 4' or less? ☐ YES ☐ NO | Does gas storage meet NFPA/Local fire code? ☐ YES ☐ NO

Is water rescue equipment (throw rings, shepherd hooks) present? ☐ YES ☐ NO | How are propellers protected?

Bumper Cars

How many Cars | Annual Receipts | Age of oldest unit:

Minimum Height Requirements | Type of Seat Belt ☐ YES ☐ NO

Are cars inspected daily? | Cars equipped with dash and headrest pads? ☐ YES ☐ NO

Are wheel pads on steering wheels? ☐ YES ☐ NO | Are spectators restricted from floor area when cars are in motion? ☐ YES ☐ NO

Bungee

How many | Annual Receipts

Children's Indoor Play Center:

Annual Receipts | Are parents/guardians required to stay on site with children? ☐ YES ☐ NO

Are all rules posted? ☐ YES ☐ NO | Are age and height requirements posted and enforced? ☐ YES ☐ NO

Are there ball or foam pits? ☐ YES ☐ NO | Is protective matting used to prevent injuries from slip and fall? ☐ YES ☐ NO

Is all equipment inspected daily? ☐ YES ☐ NO | Are steel polls and bolts covered with thick padding? ☐ YES ☐ NO

Is all equipment cleaned and sanitized daily? ☐ YES ☐ NO | Is all equipment manufactured by a commercial manufacturer and commercially installed? ☐ YES ☐ NO

Do you have any inflatable or trampoline devices? ☐ YES ☐ NO | Are all areas monitored by at least one (1) employee during operating hours? ☐ YES ☐ NO

Coin Operated Mechanical Rides

How many rides | Annual Receipts | Age of oldest unit:

Are all rides properly grounded? ☐ YES ☐ NO | Is there a daily maintenance checklist with written records kept? ☐ YES ☐ NO

Driving Range

How many stalls | Annual Receipts | Partitions between stalls? ☐ YES ☐ NO

Maximum one person allowed per tee box? ☐ YES ☐ NO | Do all ranges face away from the public access areas or other attractions? ☐ YES ☐ NO

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Escape Room

Annual Receipts _____ Number of rooms _____

Maximum number of people in a room _____ Do you use paint bombs, exploding paint or exploding powder? ☐ YES ☐ NO

Please describe if games involve physical activities, animals, amusement devices, stairs, tunnels, trap doors, or actors:

_____

Are all exits illuminated? ☐ YES ☐ NO Is the door unlocked during the puzzle/game? ☐ YES ☐ NO

Do you offer any sessions longer than 2 hours? ☐ YES ☐ NO Do you offer axe throwing or rage room experiences? ☐ YES ☐ NO

Do you require adults or chaperones for participants under the age of 12? ☐ YES ☐ NO

Inflatable Rental with or without Operators

How many _____ Annual Receipts _____

Go Kart Rides

How many karts _____ Annual Receipts _____ Number of tracks _____

Is maximum speed (mph) limited to 10 miles per hour? ☐ YES ☐ NO

Is the track(s) ☐ indoor, ☐ outdoor, or ☐ both?

If outdoor, is the track(s) fenced? ☐ YES ☐ NO

Do fences meet American Society for Testing and Materials (ASTM) F-24 requirements? ☐ YES ☐ NO

Maximum number on track at any one time _____ What is the surface of the track? _____

The fuel is ☐ Gas ☐ Electric

If gas, is there appropriate protection and ventilation? ☐ YES ☐ NO

If gas, is the fuel kept in a restricted area? ☐ YES ☐ NO

If gas, are signs posted prohibiting smoking? ☐ YES ☐ NO

Are seat belts required? ☐ YES ☐ NO

Is there a maintenance program in place with logs of all maintenance done to each go kart? ☐ YES ☐ NO

Are participants at least 48" tall? ☐ YES ☐ NO

Are participants at least eight (8) years of age? ☐ YES ☐ NO

Is there equipment with governors to control speed? ☐ YES ☐ NO

Are the karts equipped with roll bars and bumper guards? ☐ YES ☐ NO

Are all Go Karts equipped with the following:

Is there an operator cut off system in place? ☐ YES ☐ NO

Padded Steering Wheel ☐ YES ☐ NO

Are track rules clearly and prominently displayed? ☐ YES ☐ NO

Padded Head Rest ☐ YES ☐ NO

Are there signs posted stating there is no racing, bumping, or reckless driving permitted? ☐ YES ☐ NO

Safety/Seat belts for each seat ☐ YES ☐ NO

Are any obstacles within thirty (30) feet of track padded or removed for safety? ☐ YES ☐ NO

Wheel enclosures ☐ YES ☐ NO

Is there a minimum of two (2) qualified staff members on the track during go kart activities? ☐ YES ☐ NO

Maximum speed of 10 miles per hour? ☐ YES ☐ NO

Laser Tag

Annual Receipts _____ Minimum Age _____ Minimum Height _____

Maximum participants per game _____ Can employees view all participants in all game sections by surveillance cameras and/or by employees on the gaming floor? ☐ YES ☐ NO

Is there an emergency lighting system? ☐ YES ☐ NO Is rental of Laser tag equipment prohibited? ☐ YES ☐ NO

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Miniature/Putt-Putt Golf

How many holes _____ Annual Receipts _____

Do fountains and waterfalls have ground fault interrupters in place? ☐ YES ☐ NO

Paintball/Airsoft

How many fields _____ Annual Receipts _____

Pool

Please contact your agent to obtain a pool supplemental questionnaire

How many pools _____ Annual Receipts _____

Rock/Climbing Wall

How many routes _____ Annual Receipts _____

Roller Skating or Ice Skating Rinks

How many rinks _____ Annual Receipts _____

Ropes Course Facilities

How many _____ Annual Receipts _____

Skate Park

Annual Receipts _____ Is your facility open to the public? ☐ YES ☐ NO

Trampoline

How many trampolines _____ Annual Receipts _____

Virtual Reality/Mobile Amusement

Annual Receipts _____

Other Activities

Annual Receipts _____

Descriprion _____

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Food Operations/Concession Stands

What is the food operation exposure?

- ☐ Full Serve
- ☐ Snack Bar/Concession Stand
- ☐ Lessor's Risk

Are portable fire extinguishers provided in the kitchen? ☐ YES ☐ NO

Is Automatic Extinguishing System (AES) UL 300 compliant? ☐ YES ☐ NO

Do you have a contract for cleaning the hoods and ducts? ☐ YES ☐ NO

How often are they cleaned? ☐ Monthly ☐ Quarterly ☐ Semi-Annually

How often are filters cleaned?

Indicate which of the following equipment is present and the number of each:

☐ Ranges		☐ Broilers	
☐ Grills		☐ Deep Fryers	
☐ Overs		☐ Griddles	

Acknowledgments and Signatures

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.

Signed for the Proposed Policyholder

Signed by Licensed Agent

Date

Licensed Agent Name

Agency Name

Agency License Number

Agent Phone Number

Agent Email Address

Agency Mailing Address

(800) 745-2409
info@fdean.com