



**ParksPlus Underwriting Agency LLC**  
**Amusement Park Property Program**

<b>1.</b>	<b>Proposed Named Insured:</b>		
<b>2.</b>	<b>Street Address:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
	<b>Website:</b>		
<b>3.</b>	<b>Phone:</b>	<b>Fax:</b>	
<b>4.</b>	<b>Contact Person:</b>		
<b>5.</b>	<b>Mailing Address:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>6.</b>	<b>Phone Number:</b>		
<b>7.</b>	<b>Facility Location:</b>		
<b>8.</b>	<b>Proposed effective date of coverage:</b>		
<b>9.</b>	<b>SIR or deductible:</b>	\$	
<b>10.</b>	<b>Please list all Additional Insureds and their relationship to the Named Insured:</b>		
	<b>Additional Insureds:</b>	<b>Relationship to Named Insured:</b>	
<b>11.</b>	<b>Year amusement facility commenced operation:</b>		
<b>12.</b>	<b>Total Acreage of facility:</b>		
		(Attach Site Plan)	
<b>13.</b>	<b>Operating season of facility:</b>	<b>Number of off-season events:</b>	
<b>14.</b>	<b>Are cooking facilities with grills and deep fat frying present?</b>	Yes	No
	<b>Are these areas protected by a fire suppressions system?</b>	Yes	No
	<b>Do you have a contract for maintenance of the flues and systems on a regular periodic basis?</b>	Yes	No



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15.	Does the facility have any operation in which projectiles are fired or launched?	Yes	No	
	If yes, please describe:			
16.	<b>PREVIOUS INSURANCE CARRIER INFORMATION</b>			
	Year:			
	Property Insurance:			
	Carrier:			
	Limits:			
	Annual Premium:			
	Incurred Losses:			
	(Paid/Reserved):			
17.	Please provide insurance company loss runs for prior five (5) years:			
<b>SECURITY: (Please complete questions if facility is responsible for security.)</b>				
<b>SECTION A:</b>				
1.	Limits Required:			
2.	Tornado: Do you require insurance against tornados?	Yes	No	
	Limit Required:			
<b>FIRE PROTECTION:</b>				
1.	The fire department is staffed by:	Professionals	Volunteers	
2.	Are all public buildings sprinklered?	Yes	No	
	Are all dark rides sprinklered?	Yes	No	N/A
3.	Is there an independent water source such as an on-site reservoir?	Yes	No	
	Is the nearest fire station within 5 miles or 5 minutes of the facility?	Yes	No	
	If more than 5 miles, is there a normal employee fire brigade?	Yes	No	
4.	Is there a fire alarm system on site?	Yes	No	
5.	Are fire hydrants and hoses strategically located and accessible?	Yes	No	



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6.	<b>Are fire extinguishers easily accessible in al buildings?</b>	Yes	No
	<b>Are they checked:</b> Monthly    Annually    Other (Please specify)		
<b>GENERAL:</b>			
1.	<b>Do you have complete outside perimeter fencing?</b>	Yes	No
2.	<b>Are there smoking and non-smoking areas and are they clearly identified?</b>	Yes	No
3.	<b>Is there a back-up emergency electrical power source for lights, communications, and rides?</b>	Yes	No
	<b>If "Yes," please describe:</b>		
4.	<b>Are periodic inspections required by state inspectors?</b>	Yes	No
5.	<b>Is there a qualified maintenance staff on site?</b>	Yes	No
	<b>Is there an on-site maintenance shop?</b>	Yes	No
6.	<b>Are hazardous or toxic materials stored on premises?</b>	Yes	No
	<b>Are they stored in compliance with state and local codes?</b>	Yes	No    N/A
7.	<b>Has any previous insurance company cancelled or declined to renew your property coverage?</b>	Yes	No
	<b>If "Yes," please give details:</b>		
8.	<b>Check any of the following that exists on your premises:</b>		
	movie theaters                      full service restaurants                      dance hall                      video arcade games		
	live theaters                      driving range                      museums                      sewage plant		
	racetracks/go-cart                      zoo (petting zoo)                      athletic fields		
	concessions                      golf course (miniature)		
9.	<b>Please include a copy of the expiring property policy:</b>		
<b>PROPERTY:</b>			
1.	<b>Are there any renovations or additions planned during the proposed policy period (including values)?</b>	Yes	No
	<b>If, "Yes," please describe:</b>		



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2.	Are any flammables stored at this facility?	Yes	No
	If "Yes," are all flammables contained and stored in UL and NFPA approved cabinets and/or containers?	Yes	No
3.	Is any painting or fiberglass work performed?	Yes	No
	If "Yes," do you have a UL approved paint booth?	Yes	No
	If "No," please describe:		
4.	Are buildings equipped with alarms?	Yes	No
	Are alarms tested and maintained regularly?	Yes	No
	Are alarms connected to central station alarm?	Yes	No
5.	Please describe your property stored at non-owned buildings:		
<b>GENERAL EXPOSURE REVIEW:</b>			
1.	Does the facility have a night watchman or other security arrangement for protecting the property while the facility is closed?	Yes	No
2.	Does the facility have its own water supply?	Yes	No
	Does the facility have its own fire equipment?	Yes	No
3.	Are any of insured locations in a coastal hurricane area?	Yes	No
	If "Yes," please note distance to sea coast:		
4.	Distance to wooded areas and wildfire exposures:		
5.	Do you have a written access plan for Fire Department and Emergency Services		
	during Open Season?	Yes	No
	during Off-Season?	Yes	No
6.	Do you conduct regular drills with the local police?	Yes	No
	Other emergency personnel?		
7.	Date of last Fire Marshall inspection of your premises:		
8.	Frequency of drills:		



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9.	National board protection class:		
10.	Is smoking allowed?	Yes	No
	If "Yes," is it confined to designated areas?	Yes	No
<b>RESTAURANT/FOOD SERVICE OPERATIONS:</b>			
1.	Are cooking installations in compliance with NFPA 96?	Yes	No
2.	Are all cooking surfaces protected by automatic fire extinguishing systems?	Yes	No
3.	Are automatic fire extinguishing systems serviced by outside contractor?	Yes	No
	If "Yes," frequency of service:		Date last serviced:
4.	Are hoods/duct work cleaned by outside service contractor?	Yes	No
	If "Yes," frequency of service:		Date last serviced:
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 IN WRITING.			
Date (mm/dd/yyyy)		Signature of Insured or Authorized Representative	Title
Send completed form to:		Parks Plus Underwriting Agency LLC	