



Family Entertainment Center Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
 2. Please fill in all the fields with the correct information.
 3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Flood	<input type="checkbox"/> Hired & Non-Owned Auto
<input type="checkbox"/> Umbrella	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Cyber Liability

Section 1: General Information

How did you hear about us?

1. Corporate Name:

2. Trade Name:

3. Mailing Address:

County:

City:

State:

Zip:

Physical Address:

County:

City:

State:

Zip:

4. Contact person:

Phone Number:

Email:

Website:

5. Business Type: Corporation Partnership Individual Non-Profit
 Governmental Entity Other:

6. Year business was established?

of years under present management:

7. FEIN/SS#

8. Trade associations which insured belong to:

9. Does applicant have a safety manager on premises at all times the facility is open? Yes No

If yes, provide name and contact information:

10. Does the applicant have a formal safety training program for employees? Yes No

Section 2: Premises Information

1. Average annual attendance:

2. Hours & Operations:

3. Actual sales from prior year:

4. Number of employees:



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Section 2: Premises Information (continued)

5. Patron Admission Costs: Adults \$			Child \$	Discount \$
6. Sales / Receipts: a) Amusements \$			b) Beer & liquor sales \$	c) Parking \$
d) Food & Beverage \$			Describe:	
e) Souvenirs/Novelties \$			Describe:	
7. Any medical facilities provided or any employed physicians /nurses? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Any storage, treating, discharging, applying, disposing or transporting hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Any operations sold, acquired or discontinued in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. Machinery, equipment or attractions rented or sold to others? <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Is any watercraft docks (not bumper boats), floats on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
12. Is there a swimming pool on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
13. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide time table and action plan:				
14. Are there any water hazards or unfenced bodies of water on your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
15. Any special events scheduled throughout the year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
16. Does the applicant own or lease the facility? <input type="checkbox"/> Own <input type="checkbox"/> Lease If leased provide a copy of the agreement. If leased, who is responsible for the parking areas? <input type="checkbox"/> Owner <input type="checkbox"/> Insured				
Please provide the following information concerning your parking areas:				
Do you have Valet Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your parking area have a hard, smooth surface? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If open after dark, are your parking areas lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does security patrol your parking areas? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If leased, who is responsible for building maintenance? <input type="checkbox"/> Owner <input type="checkbox"/> Insured				
17. Does applicant own any other commercial property? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain.				
18. Any structural alterations contemplated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
19. Are any of the insureds locations within 1/2 mile of a military base, defense contractor, major utility, known US landmark, major sports stadium, or a major amusement park? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain:				
20. Are any services subcontracted? <input type="checkbox"/> Yes <input type="checkbox"/> No			21. Do you have any tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Section 2: Premises Information (continued)

If so, do you obtain a certificate of insurance with limits of \$1,000,000? Yes No

22. Distance to nearest hospital?

23. Central station fire alarm? Yes No Central station burglar alarm? Yes No

24. Surveillance cameras? Yes No

25. Does the Applicant have Automated External Defibrillator(s) (AED)? Yes No
If yes, are staff members trained to use it? Yes No

Is there an emergency back-up power source for lights and communications? Yes No

Please describe:

26. Describe the medical response system in place:

27. Is there someone on premises at all times that is certified in First Aid and CPR? Yes No

28. Does the applicant have an emergency evacuation plan? Yes No (If yes, attach copy)

Evacuation procedures and floor plans posted? Yes No

29. Are parking lots well lit? Yes No

30. Are all curbs, steps, and ledges highlighted? Yes No

31. Does your facility comply with current standards set by the Americans with Disabilities Act?
 Yes No

32. Patrolled by security? Yes No Describe security (armed/unarmed):

Is security present during open hours? Yes No Closed hours? Yes No

33. Does the applicant provide live entertainment? Yes No

If yes, describe the type and how often:

34. Do you maintain grandstands? Yes No If yes, are any over 15 years old? Yes No

Seating capacity:

Construction:

35. Is there a dance floor? Yes No

Section 2b: Cooking Facilities

1. Does applicant have an automatic extinguishing system over deep fat fryers, grills & stoves?
 Yes No

How often are hood/ducts cleaned? By whom: Insured Subcontractor

If by sub-contractor, how often are they serviced? Date last serviced:

2. What is the restaurant exposure? Full Serve Snack Bar Lessor's Risk-Square footage

3. How often are filters cleaned?



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Section 2b: Cooking Facilities (continued)

4. Indicate which of the following apply and the number of each: ranges
 grills ovens broilers deep fryers griddles

5. Are portable fire extinguishers provided in the kitchen? Yes No

Section 2c: Rides / Attractions

1. Does the facility have copies of and adhere to ASTM (American Society for Testing and Materials) standards for all applicable rides and devices? Yes No

2. Are documented pre-opening inspections and regularly scheduled preventative maintenance inspections performed per ASTM – F853 standards as well as the ride manufacturers’ specifications? Yes No

3. Does the applicant or has the applicant ever manufactured or retro-fitted any amusements / attractions? Yes No

If yes, provide a list of all such attractions and the changes made:

4. Are periodic inspections required by state inspectors? Yes No

5. Are all required state, county, and/or local licenses or permits current? Yes No

Permit Expiration Date:

Date of latest inspection:

6. Has insured ever received a citation for violation of licensing/permit requirements? Yes No

7. Are rides inspected daily? Yes No

8. Is inspection log maintained? Yes No

9. Are maintenance manuals for all rides kept on premises? Yes No

10. Is there a qualified maintenance staff on site? Yes No

11. Is there an on-site maintenance shop? Yes No

12. Is there adequate maintenance equipment on site? Yes No

13. Are there rides where the operator controls the speed? Yes No

If yes, provide a list and operator training required.

14. Is fencing around the entire perimeter of each ride to restrict unauthorized access? Yes No

15. Are safety, warning, and instructional signs in place at each ride/attraction? Yes No

16. Is playground equipment present? Yes No *Please provide list*

17. Are buses or trams used on the premises? Yes No



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Section 2c: Rides / Attractions (continued)

Do you have a written loading/unloading procedure? Yes No

What are the qualifications required of the driver?

18. Do you provide transportation for patrons off premises, i.e. to hotels or motels? Yes No

19. Do all ride/attraction attendants receive documented training on the specific standard operating procedures and emergency procedures for the ride(s) and/or attractions(s) they will work on?
 Yes No

If yes, please provide a copy of any written training material.

Section 3: Operations - ARCADES N/A

1. Annual Receipts \$

2. How many?

3. Number of attendants:

4. Equipment is: Owned Leased

4. Are machines properly grounded? Yes No

5. Is there an on-site maintenance shop? Yes No

6. Is there adequate maintenance equipment on-site? Yes No

7. Who provides service/maintenance on machines?

8. Non-slip, Non-conductive floor covering? Yes No

9. Types of games:

Are there any coin-operated rides? Yes No

Any interactive games or ride simulators? Yes No

If yes, describe:

Section 3b: Operations - BUMPER BOATS N/A

1. Annual Receipts \$

2. How many?

3. Manufacturer:

4. Number of operators:

5. Height of observation fence: ft.

6. Max engine HP

7. Age/Height limit- At least 10 years and 48"? Yes No

8. Depth of water four (4) feet or less? Yes No

Is water rescue equipment (throw rings, shepherd hooks) present? Yes No

9. Does gas storage meet NFPA/Local fire code? Yes No



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Section 3b: Operations - BUMPER BOATS (continued)

Are more than 100 gallons of gasoline stored on the premises? Yes No

Where are the boats refueled?

10. Are the propellers on the motor protected? Yes No If yes, how?

Section 3c: Operations - BUMPER CARS N/A

1. Annual Receipts \$

2. How many?

3. Manufacturer:

4. Number of attendants:

5. Are operators required to be at least 10 years old or taller than 48"? Yes No

Min height requirement:

6. Are rider instructions posted and enforced? Yes No

7. Are spectators restricted from floor area while bumper cars are in motion? Yes No

8. Bumper cars inspected daily? Yes No

9. Type of seatbelt:

10. Cars equipped with dash and headrest pads? Yes No

11. Wheel pads on steering wheels? Yes No

Section 3d: Operations - BATTING CAGES N/A

1. Annual Receipts \$

2. How many?

3. Manufacturer:

4. Min age requirement:

5. Mfg. age/speed recs. posted:

6. Clearly marked for right or left handed hitters? Yes No

7. Are home plates clearly marked? Yes No

8. Machine velocity checked or calibrated? Yes No If yes, by whom?

Are records kept?

For how long?

9. Are pitching machines able to be altered by hitters? Yes No

10. Are pitching machines properly calibrated as per manufacturers' specifications? Yes No



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Section 3d: Operations - BATTING CAGES (continued)

12. Helmet or other safety equipment required to be used by participants in cages? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Light or similar indicator when last ball has been pitched? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are batting cage doors self-closing and self-latching? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are only manufacturer approved balls utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is safety, warning, and instructional signage posted on every batting cage entrance? <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is there only one participant per batting cage permitted at one time? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are cages completely enclosed and free from holes or breaks in the netting or chain link? <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Do participants stand on a non-skid surface? <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are participants allowed to swing bats outside of batting cages? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are Reduced Injury Factor (RIF) baseballs used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signed batting cage guidelines are required.

Section 3e: Operations - KIDDIE RIDES N/A

1. Annual Receipts \$	2. How many?	
3. # of Attendants:	4. Any Coin Operated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many? Describe:		
5. Are all rides in full compliance with ASTM F24 Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Is there a daily maintenance checklist with written records kept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Manufacturer(s):		
Name of Ride	Serial Number	Manufacturer



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Section 3f: Operations - GO KARTS N/A

1. Annual Receipts \$ 2. How many?

WAIVER AND RELEASE REQUIRED FOR KARTS WITH SPEEDS OVER 21 MPH.

3. Number of Tracks: 4. Maximum speed: _____ mph

5. Maximum # on track at one time: 6. Indoor or Outdoor Indoor Outdoor

If Indoor, please describe the air quality controls in place:

Does the track have a continuous containment system in place and is it appropriately secured?
 Yes No

7. Number of Attendants:

8. Are all go karts assembled and maintained to meet the manufacturer's specifications?
 Yes No

In addition, is a maintenance program in place with logs of all maintenance done to each go kart?
 Yes No

9. Gas or Electric: Gas Electric 10. Minimum Age: _____ 11. Minimum Height: _____

12. Seat belts required? Yes No

13. Equipment with governors to control speed? Yes No

14. Equipped with roll bars and bumper guards? Yes No

15. Are all Go Karts equipped with the following: Padded Steering Wheel Padded Head Rest
 Safety/seat belts for each seat Wheel enclosures Maximum speed of 10 mph

16. Operator cut off system? Yes No

17. Are participants at least 48" tall and at least eight years of age? Yes No

18. Are participants required to wear shoes, helmets and seat belts? Yes No

19. Are safety and operation rules posted in plain site? Yes No

20. Track rules clearly an prominently posted? Yes No

21. Are there signs posted stating that there is no racing, bumping or reckless driving permitted?
 Yes No

22. Outdoor tracks fenced? Yes No

Fences meet ASTM F-24 requirements? Yes No Type of barrier? _____

23. Are any obstacles within 30 feet of track padded or removed for safety? Yes No



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Section 3f: Operations - GO KARTS N/A

24. Is there a minimum of 2 qualified staff members on the track during go kart activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Who manufactures the go karts?	
26. Number of go karts: Single Seated	Double Seated:
27. Is a remote control device for emergency slow down or shut down of go karts utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Is proper signage and enforcement of loose clothing and hair restraints in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Gasoline stored away from track area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of gas stored on premises:	How stored?
Where is gas stored?	How far away from track?
30. Distance between refueling area and track?	
31. # Extinguishers / Type at track area:	32. Waivers signed? <input type="checkbox"/> Yes <input type="checkbox"/> No
33. Are verbal instructions provided before each ride? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Are spectators separated from track? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Type of track surface? <input type="checkbox"/> Slick <input type="checkbox"/> Dry	36. Do you allow racing? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3g: Operations - INFLATABLES N/A

1. Annual Receipts \$	2. # of Units?
4. Are all inflatables properly anchored/secured/tied down? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Type of flooring in inflatables area:	
6. Do inflatables have signs clearly indicating age, height, or size limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are your inflatables inspected by the state and/or your employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How often is the inflatable(s) checked and inspected?	
Are daily maintenance records kept? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Are all inflatables manned by an operator/attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many attendants at each inflatable?	



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Section 3g: Operations - INFLATABLES (continued)

Are all attendants over the age of 18? Yes No

If no, please describe:

Describe attendants responsibilities:

9. Explain the emergency plan in case of unplanned deflation:

10. How are weight/age limitations enforced?

11. Are rides of similar size and ability grouped together on inflatable bounces? Yes No

12. With regard to inflatable rides that allow riders to participate one at a time (e.g. a slide), what is the guideline for letting the next participant go?

13. Will the inflatable have permanently attached warning labels and safety instructions?
 Yes No

Section 3h: Operations - INFLATABLE RENTALS N/A

1. Annual Receipts \$

2. # of Units?

3. Will inflatable(s) be set up indoors or outdoors? Indoors Outdoors

4. Is the inflatable(s) set up on flat ground? Yes No

5. Describe the plan for weather emergencies (e.g. rain and/or high winds), if outdoors:

6. Are there procedures to suspend use during inclement weather? Yes No

7. Are they rented with operators/attendants? Yes No

8. Do you deliver the inflatables? Yes No

9. Do you set up the inflatables? Yes No

9. Do you tear down the inflatables? Yes No

10. Do you use the manufacturer's checklist for the set up and use of the equipment? Yes No

Attach a copy of rental agreement if applicable.

Attach a list of inflatables. Provide detailed descriptions of the inflatable(s) to be used (list name, manufacturer, description and, if possible, provide brochures, pictures or internet address)

Section 3i: Operations - MINIATURE GOLF N/A

1. Annual Receipts \$

2. # of Attendants?

3. Number of courses:

4. Number of holes:



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Section 3i: Operations - MINIATURE GOLF (continued)

5. Waterfall or fountains - with ground fault interrupters? Yes No

6. Is appropriate safety warning and rule/regulation signs posted at club rental counter and/or hole #1? Yes No

7. Who is course manufacturer?

8. Are walkways marked and lighted? Yes No

9. Is there a non-skid surface on all walkways? Yes No

10. Are moving parts on golf course holes safely guarded and maintained for patrons? Yes No

Section 3j: Operations - DRIVING RANGES N/A

1. Annual Receipts \$

2. Number of stalls?

3. Partitions between stalls? Yes No

4. Describe partitions between tee boxes:

5. Are other attractions exposed to range? Yes No Explain:

6. Do all ranges face away from the public access areas? Yes No

7. Are restricted areas marked? Yes No

8. Does the facility restrict the number of people in a single tee box to one? Yes No

Section 3k: Operations - PAINTBALL / AIRSOFT / LASER TAG N/A

1. Annual Receipts \$

2. Minimum age:

3. Minimum height:

4. Maximum participants per game:

5. Ratio of judges to participants:

6. Written instructions, procedures and training provided for participants? Yes No

7. Does equipment meet ASTM standards? Yes No

8. Specify types of air fills used:

9. Are safety plugs mandatory? Yes No

10. Do you repair or modify equipment sold? Yes No

11. Is there a scheduled maintenance plan for equipment? Yes No



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Section 3k: Operations - PAINTBALL / AIRSOFT / LASER TAG (continued)

12. Do manufacturers provide certificates of insurance including you as additional insured?
 Yes No

13. Are participants separated by level of experience? Yes No

14. Are spectators properly protected from the Paintball area/field? Yes No

15. Are participants in violation of the safety rules ejected? Yes No

16. List protective gear supplied to participants:

17. Indicate feet per second used at your location:

18. How often is equipment inspected?

19. How often is equipment changed?

20. Facility endorsed or fenced? Yes No

21. Any barriers or obstacles? Yes No **If yes, please provide diagram.**

22. Any hand to hand fighting allowed? Yes No

23. Are customers allowed to bring their own equipment? Yes No

24. If yes, is equipment and velocity checked? Yes No

25. Is eye protection required? Yes No

26. Are employees trained in first aid? Yes No

27. Total square footage of playing area:

28. Are signs posted stating rules and procedures? Yes No

29. Are waivers signed by all participants? (attach copy) Yes No

30. Are all games refereed? Yes No

31. Do you permit full automatic or burst/turbo shooting? Yes No

32. What is the average age of rental equipment?

33. Do you sell US made products? Yes No

34. Do you purchase products through a US wholesaler? Yes No

35. Do you have ramps? Yes No

36. Do you have steps? Yes No

37. Are instructions given prior to entering the arena? Yes No



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Section 3l: Operations - MOBILE LASER TAG N/A

1. Annual Receipts \$	2. Number of attendants:
3. Do you rent laser tag equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is equipment rented with operators/attendants? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you deliver the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you set up the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you tear down the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use the manufacturer's checklist for the set up and use of the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. If used outdoors, are there procedures to suspend use during inclement weather? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Attach a copy of rental agreement if applicable.	

Section 3m: Operations - ROCK CLIMBING WALLS N/A

1. Annual Receipts \$	2. WAIVER & RELEASE REQUIRED
3. Does rock wall meet all CWIG (Climbing Wall Industry Group) standards and local codes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Height of the wall:	5. Bouldering wall only 6' or less? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are participants allowed to climb on their own? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. What is the check in procedure:	
8. What kinds of verbal contacts or warnings given:	
9. When is safety testing done:	
10. What type of certification system is used:	
11. What type of equipment is used?	Describe the belay system:
12. What type of landing surface is used?	
Describe makeup, thickness and extent of fall protection:	
13. Who is responsible for daily maintenance and checks:	
14. Are spotters required? <input type="checkbox"/> Yes <input type="checkbox"/> No	At what height?



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Section 3m: Operations - ROCK CLIMBING WALLS (continued)

If spotters required what is frequency of use off premises:

15. # of Attendants:

16. # of Walls:

17. Who built the wall(s)?

18. Does your organization have an inspection policy and/or practices in place for all critical safety equipment? Yes No

19. How often are the checks done?

Are records kept? Yes No

20. Are signs posted indicating age/size limitations and operation instructions? Yes No

21. Where will the rock wall be set up?

22. Is the rock wall set up on flat ground? Yes No

23. Is the rock wall permanent or portable? Permanent Portable

24. How many attendants at the rock wall?

25. Are all attendants over the age of 18? Yes No

26. Describe attendants responsibilities:

27. Who is the manufacturer of the rock wall?

28. Is the cable replacement date verified and current? Yes No

29. How are weight/age limitations enforced?

30. How many people are allowed on the rock wall at one time?

31. Will the rock wall have permanently attached warning labels and safety instructions?
 Yes No

32. Will your employees receive formal training on the safe operation of the rock wall? Yes No

33. Do climbers have to sign a waiver and release of liability prior to climbing? Yes No

Section 3n: Operations - BILLIARDS N/A

1. Annual Receipts \$

2. Number of billiard and/or pool tables?

3. Are tournaments permitted? Yes No

4. Are there attendants in the billiard and pool playing area? Yes No

5. Do participants stand on a non-slip surface? Yes No



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Section 3o: Operations - BOWLING N/A

1. Annual Receipts \$	2. Number of Lanes:
3. Lane Finish: <input type="checkbox"/> Lacquer <input type="checkbox"/> Polyurethane <input type="checkbox"/> Water Based <input type="checkbox"/> Urethane	
Are flammable liquids stored on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list products and quantities:	
Are all flammables stored in U.L. approved containers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you contract lane refinishing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. How many total years of management experience do you have:	
6. Total years at this location:	Hours of operation:
7. Does your bowling center have automatic scoring equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do employees repair and/or maintain the automatic bowling equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, who services?	
9. Are food and drinks restricted from bowling area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Are ball racks secured to the floor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Percent of business from: League Activity % Open Play %	
12. Do you sponsor any professional tournaments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Do you have a Pro Shop on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Is your Pro an: <input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor	
15. If an Independent Contractor, do they provide proof of insurance naming you as an Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 3p: Operations - BUNGEE TRAMPOLINES N/A

1. Annual Receipts \$	
2. Do you have a copy of the manufacturer's maintenance and operations manual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are all attendants trained on manufacturer specifications for fitting harnesses and bungee cord adjustments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. What are the minimum and maximum age requirements for users? Minimum	Maximum
5. What are the minimum and maximum weight restrictions for users? Minimum	Maximum
6. What are the minimum and maximum height restrictions for users? Minimum	Maximum



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Section 3p: Operations - BUNGEE TRAMPOLINES (continued)

7. Do you always maintain a one-to-one ratio of attendant supervision for each person on a trampoline? Yes No

If not, please describe procedure:

8. Is there a barrier or fence around the attraction to prevent pedestrian or observation traffic in the jumping area? Yes No

9. Are user restrictions, warning and safety signs clearly posted by the entrance to the attraction? Yes No

11. Do you inspect all the equipment daily? Yes No

Do you document your inspections with a written checklist and findings? Yes No

12. Is secured padding provided over the trampoline springs and frame perimeter? Yes No

13. Is the flooring beneath and surrounding the perimeter of the attraction padded? Yes No

Section 3q: Operations - SOFT PLAY /BALL CRAWL N/A

1. Annual Receipts \$

2. Is there playground equipment? Yes No

3. Describe:

4. # of employees supervising play area:

5. Are there signs indicating age, height, or size limitations? Yes No

6. What type of flooring under equipment?

Section 3r: Operations - CHILDCARE/CHILD DROP-OFF/LOCK-INS N/A

1. Describe the programs for which you allow minor children to be dropped off and supervised by employees:

2. What is the average daily attendance of children dropped off/left in your care?

3. What is the maximum hours per day that a child may be in your care?

4. What is the ratio of attendants to children who are left in your care?

5. What is the minimum age of childcare staff? _____ of children?

6. Do you perform background checks on all staff who are onsite with children who are dropped off and left in your care? Yes No

7. What system do you use for checking in and out the children as they arrive & depart?

8. Do you comply with state & local requirements for having minor children in your care? Yes No



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Section 3: Operations - OTHER ACTIVITIES N/A

Activities	Number of Participants	Annual Receipts
Trampolines		
Rope Ladders		
Mechanical Bull		
Shuffleboard		
Volleyball / Basketball		
Tennis Courts		
Simulators		

Does the facility have any of the following: Ice Skating Roller Skating Hang Gliding
 Para-sailing Parachuting

Section 4: ABUSE AND MOLESTATION

1. Does the Applicant's current insurance program include Abuse and Molestation coverage? Yes No

2. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related or child abuse related offenses, before an offer of employment is made? Yes No

3. Does the Applicant verify employment references for employees and volunteers? Yes No

4. Does the Applicant conduct personal interviews? Yes No

Are employment applications required for positions? Yes No

5. Are formal written procedures in place for hiring? Yes No (If yes, attach a copy)

6. Is there written supervision plan that monitors staff in day-to-day relationships with clients, both off and on the premises? Yes No (If yes, attach a copy)

7. Does the applicant have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities and the media if you have an incident of abuse? Yes No If yes, attach

8. Have any incidents resulted in an allegation of sexual abuse? Yes No

If yes, was the case settled? Yes No Was the case taken to trial? Yes No

Amount paid for damages to the victim: \$

9. Does the Applicant's state allow criminal background checks? Yes No

If yes, does the applicant run criminal checks prior to hire for: Employees Volunteers Both

10. Identify staff status (check all that apply): Employees Volunteers Parent-volunteers

Are all staff members age 21 years or older? Yes No



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Section 5: LIQUOR

1. Is liquor license in Applicant's name? Yes No

If no, what is the name on the license and their relationship to the Applicant:

Liquor license number:

Class of license:

2. Is the liquor service sub-contracted to a third party? Yes No

If yes, provide limits of liability maintained by the sub-contractor:

Is applicant listed as additional insured under sub-contractors liquor liability coverage? Yes No

Is contingent liquor liability coverage requested by insured? Yes No

3. Has the applicant's liquor license ever been revoked or suspended? Yes No

If yes, explain:

4. Has the applicant incurred claims for liquor liability during the last three (3) years? Yes No

If yes, explain:

5. Has any insurer canceled or non-renewed coverage during the last three (3) years? Yes No

If yes, explain:

6. Has the applicant ever been fined by Alcoholic Beverage Control or other government regulator?

Yes No If yes, explain:

7. Type of beverages sold:

8. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No

If yes, what type:

9. Does the applicant exercise the right to search and seizure contraband items? Yes No

If yes, how does applicant notify the public of this:

10. Does the applicant maintain security personnel at entry check point? Yes No

If yes, what type:

11. Are the alcohol sales and consumption contained within one foxed site, or are booths / stands located throughout the event site? Yes No

12. Numbers of server used?

Are they professional servers? Yes No Explain:

Are they volunteer servers? Yes No Explain:

13. Do the servers receive any type of alcohol awareness training? Yes No

If yes, describe:

14. Median age of liquor customers: 21-25 25-30 30-40 40 and over



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Section 5: LIQUOR (continued)

15. Are minors allowed to enter the location where alcohol is being served? Yes No

If yes, how is underage consumption of alcohol prevented:

16. Explain how ID's are checked:

17. Are uniformed police officers present at the site of alcohol sales? Yes No

Are undercover police officers present? Yes No

Are private security officers present? Yes No Average number of officers present at site:

18. Are rules and regulations clearly displayed for patrons viewing? Yes No

19. Is there a limit place on the quantity of alcoholic beverages purchased at one time? Yes No

If yes, explain:

20. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?

Yes No Explain:

21. Is there any type of designated driver program? Yes No Explain:

22. Do you stop serving at least one hour prior to closing? Yes No

Section 6: HIRED & NON-OWNED AUTO N/A

1. Does the applicant have any owned automobiles? Yes No

Do you have a Business Auto Policy for owned autos? Yes No

2. Does the applicant allow employees to use their own personal vehicles for business purposes?

Yes No If yes, how many employees use their own personal vehicles?

If yes, how often? Daily Weekly Monthly Other:

3. Does the applicant obtain Motor Vehicle Reports? Yes No

If yes, how often? Annually Every other year Other:

4. Does the applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? Yes No

If yes, what minimum limits are required?

5. Provide the approximate cost of hire for all hired/leased autos during the policy period:

6. Is hired auto physical damage required? Yes No

If yes, what is the maximum value of hired vehicle that the applicant would like insured? \$

7. During the last 3 yrs have you leased, borrowed or hired any vehicles for your business? Yes No

8. If you anticipate some usage this year, what type of vehicles (trucks, buses, cars) do you hire, lease and/or borrow? (Explain and identify)



Section 7: WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

1. Fire Protection and Testing

a. Is the building provided with an automatic fire sprinkler system (AS) Yes No

i. If yes, approximately what percentage (%) of the building is sprinklered?

ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both

iii. If yes, when possible, is the sprinkler piping primarily run within the 45 degree F minimum temperature? Yes No N/A

If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):

iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? Yes No N/A

v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? Yes No N/A

2. Emergency Water Response (domestic and AS water lines)

a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? Yes No N/A

b. Are water shutoff valves exercised (closed and reopened) at least annually? Yes No N/A

c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? Yes No N/A

3. Automatic Water Shutoff Devices

a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? Yes No N/A

4. Unused/Vacant spaces

a. Does applicant have a formal process to turn off and drain domestic water lines for these spaces? Yes No N/A

5. Unheated Areas (attics, crawl spaces, exterior wall joists)

a. Are all domestic water lines located in areas heated to at least 45 degrees F? Yes No N/A

i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):



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Section 8: PROPERTY INFORMATION

Please complete once for each location if you are interested in a quote for your property.

1. Location Address

City: _____ State: _____ Zip: _____

2. Construction of Building: Fire Resitive Mas.Non/Comb Joisted Masonry Frame
 Other (Describe)

Facility Sprinklered? Yes No Fire Alarm? Yes No Central Station Alarm Local Gong

Burglar Alarm?: Yes No Type: _____ Central Station Alarm Local Gong

Owner: Yes No Tenant: Yes No

3. Property Values Building \$ _____ Contents \$ _____ Loss of Income \$ _____

Include in contents: All Equipment, Furniture & Fixtures EDP, Improvements and Betterments

Crime Exposures, On Premises: Maximum Daily Cash \$ _____ Amount Overnight \$ _____

Safe? Yes No If Yes, Manufacturer: _____ Desired Crime Limit: _____

4. Additional Interests #1 Landlord Loss Payee Mortgagee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

5. Additional Interests #2 Landlord Loss Payee Mortgagee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

6. Carrier Information Insurance Co. Name: _____ Date Policy Expires: _____

Annual Property Premium: \$ _____ Deductible: \$ _____

7. Property Claims Information: (Please complete for each year)

2015 Number of Claims: _____ Amount Paid: _____

2014 Number of Claims: _____ Amount Paid: _____

2013 Number of Claims: _____ Amount Paid: _____

2012 Number of Claims: _____ Amount Paid: _____

2011 Number of Claims: _____ Amount Paid: _____

Building Improvements: Wiring Year: _____ Roofing Year: _____

Plumbing Year: _____ Heating Year: _____

8. Distance to nearest fire station: _____ Distance to nearest fire hydrant: _____

Number of stories: _____



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Section 11: Cyber Liability

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

Section 12: WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Section 13: SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:



FRAUD NOTICE

GENERAL STATEMENT: 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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:	Date:
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