



COSSIO INSURANCE AGENCY
FAMILY ENTERTAINMENT CENTER APPLICATION

Corporate Name: _____ Effective: _____
 Trade Name: _____
 Mailing Address: _____
 Contact Person: _____ # of Yrs. In Operation: _____
 Location Address: _____ Telephone: _____
 _____ Fax No: _____
 Annual Receipts: _____ Telephone # in off Season: _____
 Total Acreage of Facility: _____ Sq Ft Bldg Area: _____
 Hours of Operation: _____ Operating Season of Facility: _____
 *IALEI Member? Yes No How Did you hear about our Program? _____
 Email _____ Website _____ Federal ID# _____

Operations Exposures:

Type	Please Complete	Annual Receipts
Coin-Op Amusement Equipment	How Many? _____ # of Attendants: _____ Equipment is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased Are Machines Properly Grounded? <input type="checkbox"/> Yes <input type="checkbox"/> No Non-slip, non conductive floor covering? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide your own maintenance on equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bumper Boats	How Many? _____ Manufacturer Name: _____ # of Operators? _____ Ht. of Observation Fence? _____ ft Operators at least 10 yrs. old or taller than 48"? <input type="checkbox"/> Yes <input type="checkbox"/> No Depth of water 4 ft or less? <input type="checkbox"/> Yes <input type="checkbox"/> No Max Engine HP: _____	
Bumper Cars	How Many? _____ Manufacturer Name: _____ How many attendants? _____ Min. Height Req: _____ Cars Equipped with dash & headrest pads? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Seat Belt: _____ Wheel Pads on Steering Wheels? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Batting/Pitching Cages	How Many? _____ Min Age of Participants: _____ Reduced Injury Factor (RIF) baseballs used? <input type="checkbox"/> Yes <input type="checkbox"/> No Cages Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No Non-Skid surface <input type="checkbox"/> Yes <input type="checkbox"/> No	
Coin-Op Rides	How Many? _____ Describe: _____	
Go Karts	How Many? _____ # of Tracks: _____ Max Speed: _____ Mph # of Attendants: _____ Seat Belts Req'd? <input type="checkbox"/> Yes <input type="checkbox"/> No Bumper Guards & Roll Bars? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attendant Operated Rides	How Many? _____ Describe on attached addendum	
Lazer Tag	Sq Ft Area: _____	
Bounce Play/Soft Play- on Facility premises	Describe: <i>See attached Inflatable supplement</i>	
Miniature Golf	# of Courses: _____ # of Holes: _____ Founts/Waterfalls Equip.w/Ground Fault Interrupters? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driving Ranges	# of Stalls: _____ Partitions Between Stalls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gift/Pro- Shops		
Food Operations: Concession? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cooked on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Deep Fryer Grill on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Prepackaged? <input type="checkbox"/> Yes <input type="checkbox"/> No Alcoholic Beverages: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Room Rentals	Type: _____	
Bowling	# of Lanes: _____ Lane Construction: <input type="checkbox"/> Wood <input type="checkbox"/> Synthetic Complete attached Bowling Center Supplement	
Inflatable Rentals	Complete attached Inflatable Rental Supplement	
Paintball:	Complete attached Paintball Supplement	



Addendum to Operation Exposures & Attractions

Operation Exposures continued:

Type	Please Complete	Annual Receipts
Water Slides	# of Slides: _____ Describe each slide on Addendum below	
Ice Skating	Sq.ft . area of Skating Surface: _____ Surface Composition under ice? _____ Date Last Resurfaced: _____ Rink is <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Waivers /disclaimers on tickets? <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Roller Skating	Sq.ft . area of Skating Surface: _____ Surface Composition : _____ Max rink capacity at any one time: _____ Waivers /disclaimers on tickets? <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Other:	Describe:	
Other:	Describe:	
Other:	Describe:	

Rides, Inflatables, Slides Addendum:

#	Name	Description	Attraction Height	Age/Height Requirements	Manufacturer	Receipts
1						
2						
3						
4						
5						
6						
7						
8						
9						



Supplemental Application

Please complete the following, where applicable:

Operations:

1. Average Annual Attendance:		
2. Do you sponsor any sporting or social events? If Yes, describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are any alcoholic beverages served? Wine Beer Other	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
4. Certificates Recd from all concessionaires? Teams, Leagues, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
5. Do you sponsor any type of competition? If Yes, describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you provide live entertainment? Live Music Disc Jockey Dance Floor Other, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
7. Does facility conduct fireworks display?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Facility Protection:

1. Do you have parking facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes -	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
2. If open after dark, are parking areas lighted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. The fire department is staffed by:		<input type="checkbox"/> Professionals	<input type="checkbox"/> Volunteers
4. Is there an independent water source?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Distance of nearest fire station to the facility			
6. Is there a fire alarm system on site?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are fire hydrants & hoses easily accessible in all buildings?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. How often are they checked?			
9. Number of Fire Extinguishers:			
10. Do all indoor facilities comply with all local life-safety codes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you comply with all local, state, building, concession, sanitary codes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Distance to nearest Medical Facility:			
13. How many exits from premises?			
14. Is there an emergency lighting system on premises and/or building?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. How many full time employees do you have?			
16. How many part time or seasonal employees do you have?			
17. Do you employ Security Guards? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	Are they armed? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Go-Kart Supplement

Length of Track: _____

Type Of Track: Slick Dry

Track Fenced? Yes No
 Fences meet ASTM F-24 Requirements? Yes No

Type of Perimeter Barrier: _____

Go-Kart Manufacturer: _____

Minimum Age Requirement: _____ Minimum Height _____

Number of Single Carts: _____ Number of Double: _____

Number of Karts on Track at once: _____ Maximum Speed: _____

Speed Governors on Karts? Yes No

Type of Seat Belt: _____

Operator Cut-Off System? Yes No

Helmets Required? Yes No

Track Rules Clearly & Prominently Posted? Yes No

Safety Signs Yes No

Any Racing Allowed? Yes No

If So Describe Circumstances: _____

Is Gasoline Stored Away from Track Area? Yes No

How Far is Refueling Area from Track? _____

Spectators Clearly Separated from Track? Yes No

Are Patrons Given waivers to Sign: Yes No
 If yes, Attach a Copy

Draw Shape of Track: _____



Bowling Center Supplement

Please complete the following, where applicable:

1. Hours of Operation: _____
2. Do you contract lane refinishing? Yes No
3. Are Ball racks secured or anchored to the floor Yes No
4. Do you have special events, such as Tournaments, Big Games etc? Yes No
5. Any flammable liquids stored on premises? Yes No
6. If yes, list products & amounts:
7. Are all flammable liquids stored in UL approved containers? Yes No
8. Do you sponsor any professional tournaments? Yes No
9. If yes, list events & sponsoring organizations:
10. If yes, are certificates of insurance obtained from the sponsoring Organization? Yes No
11. Lane Finish: Lacquer Polyurethane Urethane Water Based



Inflatable Rental Supplement

Please complete the following, where applicable:

TYPE	ANNUAL RECEIPTS	ANNUAL # EVENTS OR UNITS SOLD	#OF ITEMS	TOTAL VALUE OF ALL ITEMS
<input type="checkbox"/> Rental With Operators	\$			
<input type="checkbox"/> Rental Without Operators	\$			

GENERAL INFORMATION:

Complete the following information, where applicable:

1. Are written Instructions, procedures & training provided for operators? Yes No
2. Are there written Customer Training procedures (if yes, please attach) Yes No
3. How many attendants/operators accompany each piece of equipment at the rental site?
4. Describe specialized training or memberships:
5. Is equipment ever left unattended while set up at an event? Yes No
6. If Yes, explain:
7. Are there Age/Height/Weight Limitations for Users? Yes No
8. If Yes, are they clearly displayed? Yes No
9. Do you prohibit the use by adults (>15 yrs old) & children at the same time Yes No
11. Are inflatables set up on a flat surface & properly grounded? Yes No
12. Do you have Watchdog Siren Warning Devices: If yes, how many? Yes No
13. Is protective gear used for Interactive Games? Yes No
14. Are Release forms required from users prior to use? (if Yes, attach copy of form) Yes No
15. How is equipment transported to and from events?
16. Do you maintain & operate equipment in accordance with manufacturers Yes No
17. How often is equipment inspected for damages/safety?
18. Is there a scheduled maintenance plan? Yes No
19. Do Manufacturers provide Certificates of Insurance and are you named as an additional insured? Yes No

Location Address:

(where equipment is stored)

Construction of Building:	<input type="checkbox"/> Fire Resitive	<input type="checkbox"/> Mas.Non/Comb	<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Frame
Sprinklered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cen.Sta. Alarm	<input type="checkbox"/> Local
Burglar Alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cen.Sta. Alarm	<input type="checkbox"/> Local

REQUIRED ATTACHMENTS:

- ✓ Equipment Schedule
- ✓ Release Form
- ✓ Rental Agreement
- ✓ Loss Runs



Paintball Supplement

Please complete the following, where applicable:

DESCRIPTION OF OPERATIONS:

Annual Paintball Receipts	\$ _____
Annual # of Waivers Signed	_____
Total Sq.Ft. Area of Playing Field	_____
Annual Repair Receipts	\$ _____
Annual Equipment Sales	\$ _____
Hours of Operation:	_____

GENERAL INFORMATION:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are written Instructions, procedures & training provided for participants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. What are the Age/Height/Weight Limitations for Participants | _____ | |
| 3. Maximum Number of participants per game: | _____ | |
| 4. Do you have special events, such as Tournaments, Big Games etc? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does equipment meet ASTM standards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Specify types of air fills used. | _____ | |
| 7. Are safety plugs mandatory? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. List protective gear supplied to participants: | _____ | |
| 9. Average Age of Rental Equipment: | _____ | |
| 10. Indicate feet per second used at your location | _____ | |
| 11. Do you repair or modify equipment sold? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Are products sold U.S. made or purchased through a U.S. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. How often is equipment inspected for damages/safety? | _____ | |
| 14. Is there a scheduled maintenance plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. How often is equipment changed? | _____ | |
| 16. Do Manufacturers provide Certs? of Insurance and are you named | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Are patrons separated by level of experience? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Are spectators properly protected from the Paintball Area/Field? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. What is the ratio of Judges to Participants? | _____ | |
| 20. Are patrons in violation of the safety rules ejected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* Please Attach a copy of the safety rules enforced at your location, and a copy of the waiver of Liability.



Ice Skating Supplement

Please complete the following, where applicable:

TYPE	ANNUAL RECEIPTS
<input type="checkbox"/> General Admissions	\$
<input type="checkbox"/> Open Public Skating	\$
<input type="checkbox"/> Skate Rental	
<input type="checkbox"/> Hockey	
<input type="checkbox"/> Rink Rental	
<input type="checkbox"/> Ticket Sales to Spectators	
<input type="checkbox"/> Rink Sponsored Lessons	

GENERAL INFORMATION:

Complete the following information, where applicable:

20. # of years in Ice Rink business:	
21. Do you have seating for spectators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Maximum # of skaters per floor Guard:	
23. Maximum capacity of the rink:	
24. Date floors/skating surfaces were resurfaced:	
25. Do you have netting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Do you have skating competitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. If yes, are there sponsoring or sanctioning organizations	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. If yes, please provide names of these organizations:	
29. Are Rink Rules posted?(if yes attach copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Written Emergency Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Video Surveillance? (If yes, describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. List Skating Associations of which you are member:	
34. As respects Rink Rental, do you collect certificates of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Do participants sign individual waivers?	
36. Is there a scheduled maintenance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Location Address:

Construction of Building:

Fire Resitive Mas.Non/Comb Joisted Masonry Frame

Sprinklered?

Yes No Cen.Sta. Alarm Local

Burglar Alarm?

Yes No Cen.Sta. Alarm Local

REQUIRED ATTACHMENTS:

➤ Rental Agreement

➤ Waivers



Liability Information

Please complete

Coverage	Insurance Company	Exp Date	Limits	Premium	Deductible	Premium Basis
General Liability						Receipts:
Umbrella						
Workers Comp						Payroll:

Liability Claims Information*

Indicate below, the # of Claims and Amount Incurred (paid + reserved) in each of the last 5 years:

Year	Number of Claims	Total Incurred Amount
2008 – Current		
2007 – 2008		
2006 – 2007		
2005 – 2006		
2004 - 2005		

*Note: please forward current loss runs from your carrier, along with this application.

Excluded Activities*(can be handled outside the program)

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Mechanical Bull | <input type="checkbox"/> Bungee Jumping | <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Trampolines |
| <input type="checkbox"/> Hang Gliding | <input type="checkbox"/> Sky Diving | <input type="checkbox"/> Hot Air Balloons | <input type="checkbox"/> Velcro Jumps |
| <input type="checkbox"/> Parasailing | <input type="checkbox"/> Parachuting | <input type="checkbox"/> Luge | <input type="checkbox"/> Tobogganing |
| <input type="checkbox"/> Traveling Rides | <input type="checkbox"/> Temporary Outdoor Mazes | <input type="checkbox"/> Night Clubs/Discos | |

Warranty

It is hereby understood and agreed that if insurance is issued by virtue of completing this application, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above. 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.

APPLICANT (PLEASE PRINT OR TYPE): _____

 (Signature of Applicant-Mandatory) (Title) (Date)

BROKER NAME: _____
 _____ (Date)

 (Signature of Producer Completing Application-If Appropriate)



Property Information

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

Location Address:			
Construction:	<input type="checkbox"/> Fire-Resistive	<input type="checkbox"/> Masonry NonComb	<input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Frame
	<input type="checkbox"/> Other (Describe):		
Facility Sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local Gong
Burglar Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	<input type="checkbox"/> Central Station <input type="checkbox"/> Local Gong
Year Built:			
Owner:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tenant:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Manufacturer:
Desired Crime Limit:		

Additional Interests:

1. Name		<input type="checkbox"/> Landlord
Street		<input type="checkbox"/> Loss Payee
City& State		<input type="checkbox"/> Mortgagee
2. Name		<input type="checkbox"/> Landlord
Street		<input type="checkbox"/> Loss Payee
City& State		<input type="checkbox"/> Mortgagee

Carrier Information:

Insurance Co. Name:				
Date Policy Expires:	Annl Property Premium:	\$	Deductible:	\$

Property Claims Information: (Please complete for each year)

2007	Number of Claims:	Amount Paid:
2006	Number of Claims:	Amount Paid:
2005	Number of Claims:	Amount Paid:
2004	Number of Claims:	Amount Paid:
2003	Number of Claims:	Amount Paid: