



**BASIC INFORMATION:**

Named Insured: \_\_\_\_\_

Loss Control Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Website Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address(Street, City, County, State, Zip): \_\_\_\_\_

(Must be a street address)

Location 1 Address: \_\_\_\_\_

Location 2 Address: \_\_\_\_\_

Location 3 Address: \_\_\_\_\_

Type of Entity (Corporation, Individual, Partnership, Joint Venture, LLC): \_\_\_\_\_

FEIN/Social Security Number: \_\_\_\_\_

Date business started under current ownership: \_\_\_\_\_

Describe any specialized training/memberships or background experience: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Current Carrier & Limits of Liability: \_\_\_\_\_

Is this policy being non-renewed: \_\_\_\_\_

Expiring Premium: \_\_\_\_\_

List all losses in the past 5 years (Attach additional sheet if necessary):

Date of Claim	Description of Claim	Open/Closed	Paid \$	Reserve \$

**GENERAL INFORMATION:**

**Place an X next to the description which best describes the nature of your operations:**

<input type="checkbox"/>	Party Rental Operations – Business which rents amusement devices & related equipment
<input type="checkbox"/>	Indoor Party Facility – Fixed site operation containing amusement devices rented for the purposes of private parties
<input type="checkbox"/>	Walk-in (or pay-for-play) Business – Indoor party facility which results from individuals paying for the use of the facility and not guests at a private party
<input type="checkbox"/>	Other (Please describe)





**EQUIPMENT SCHEDULE – Check all applicable. Please note that there is no coverage for any equipment not indicated.**

<b>Equipment List</b>	<b>Yes</b>	<b>Quantity</b>
Air Brush Tattoo/Face Painting – per operator		
Airborne Adventure		
Ball Pit		
Balloon Typhoon		
Baseball Radar Pitch		
Batting Cage		
Berry Ride (Strawberry)		
Bingo Game / Raffle Drum		
Bubble Machine		
Bungee Run--One on One		
Burn Out Mini Drag Strip--NOT RIDING		
Carnival Games (small)/Interactive games of Chance		
Chairs		
Cold Air inflatable Advertising sign & Nylon Sky Dancer – under 6 feet		
Cold Air inflatable Advertising sign - 16 feet to 30 feet		
Cold Air Inflatable Advertising sign – 30 feet to 45 feet		
Cold Air Inflatable Advertising sign – 6 feet to 15 feet		
Cold Air Inflatable Advertising sign/Nylon Sky Dancers – over 46 feet		
Costume Characters		
Cotton Candy Machine		
Dunk Tank (Plastic)		
Face Pointing/Air Brush Tattoo – per operator		
Ferris Wheel – Mini only – 18 feet and under in height		
Foam Dance Pit 22x22x4		
Foam Dance Pit 25x25x5		
Foam Dance Pit 35x25x10		
Foam Dance Pit 50x25x10		
Fog Machine/Smoke Machine		
Fryer or Deep Fat Fry Machine for fry bread		
Game Show--Host including set and lighting		
Games – Small Table Top		
Generators		
Giant OPERATION Game		
Go Karts--Per Kart portable riding area		
Golf Simulator		
Grill--Barrel or Smoker Trailer Type		
Grill – Commercial GAS Grill		
Gyroscope--seated only		
Hi-Stryker		
Hot Dog Steamer		
Human Bowling		
Human Foosball		



COSSIO INSURANCE AGENCY



Fun Pro  
Insuring Everyone Has Fun



Human Foosball		
Inflatable Boxing Ring (Gloves rated separately – see Mondo Boxing)		
Inflatable Caterpillar Climb-thru		
Inflatable Horse Bounce Rater is Per Horse		
Inflatable Maze		
Inflatable Slide 10 - 22 feet (measured from ground to standing platform)		
Inflatable Slide over 22 feet (referral)		
Inflatable Slide under 10 feet (measured from ground to standing platform)		
Inflatable Space Mountain		
Inflatable Twister		
Inflatable Water Slide 10-22 feet (measured ground to standing platform)		
Inflatable Water Slide under 10 feet (measured ground to standing platform)		
Interactive Light Show		
Karaoke Equipment / Recording Studio Box		
Laser Tag		
Merry-Go-Round--Child ONLY less than 10 horses		
Merry-Go-Round--OTHER THAN THE ABOVE		
Mini Golf Driving Range--Portable		
Mini Train--Trackless with Driver		
Mini Train--with Track and Attendant		
Mondo Boxing--oversized gloves not inflatable		
Money Machine/Cash Cube Large (For Stand Up)		
Money Machine/Cash Cube Small (Not Stand Up)		
Moonwalks--ADDITIONAL UNITS per policyholder		
Movie Screen – Aluminum 12x12 feet		
Movie Screen – Inflatable 12x16 feet		
Movie Screen – Inflatable 18x24 feet and larger		
Movie Screen – Inflatable 6x8 feet		
Nacho Machine		
NASCAR Mini Race Track--NOT RIDING		
Obstacle/Combo Course--ADDITIONAL UNITS per policyholder		
Orbitron--SEE GYROSCOPE		
Peanut Roaster		
Pedestal/Medieval Joust		
Playground not inflatable-- < 6 ft with ground cover		
Popcorn Machine		
Portable Scoreboard		
Power Shower or Pitch Burst		
Rock Climbing Wall—Commercial Grade – SUPPLEMENT NEEDED		
Rock Climbing Wall—Inflatable – SUPPLEMENT NEEDED		
Rodeo Roper (Horse & Calf STATIC display)		
Slip-N-Slide Water Fun		
Sno Cone Machine		
Spin Art Machine or Sand Art Machine		
Spider Zone – 8 x 8 x 10		







7. Do your subcontractors carry coverages or limits less than yours? \_\_\_\_\_
8. What limits of liability do you require of the subcontractor? \_\_\_\_\_
9. Are subcontractors allowed to work without providing you with a certificate of insurance? \_\_\_\_\_
10. Do you lease equipment to others with or without operators? \_\_\_\_\_

**ROCKWALL SUPPLEMENT:**

1. Is the rockwall indoors or outdoors? \_\_\_\_\_
2. Is the rockwall supervised at all times? \_\_\_\_\_
3. Is there a formal maintenance checklist program? \_\_\_\_\_
4. Is there a formal employee safety training program? \_\_\_\_\_
5. Is the tool loop cut off from the safety harness? \_\_\_\_\_
6. When the rockwall is not in use, how and where do you store it? \_\_\_\_\_
7. How often are the cables replaced? \_\_\_\_\_
8. Is the rockwall manual or auto balay? \_\_\_\_\_

**INDOOR PARTY RENTAL SUPPLEMENT:**

1. Number of rooms (a room is defined as an area used for entertainment and/or food service) \_\_\_\_\_
2. What is the percentage of business resulting from walk-in or pay-for-play customers? \_\_\_\_\_
3. What is the maximum number of private parties that you can have on premise at any one time? \_\_\_\_\_
4. Advise if the following items are sold at concessions or snack bars:

- |  |   |
|--|---|
|  | a. Pre-packaged candy, beverages, ice cream or snacks only  |
|  | b. Beverages and pre-prepared food only                     |
|  | c. Food prepared on premises – Describe food prepared _____ |
|  | d. None or non-food only                                    |

**ROPES COURSE SUPPLEMENT:**

Name of Ropes Course	Manufacturer	Vertical or Horizontal?	# of Stories





**Safety Information:**

1. How often do you inspect the ropes course and all equipment? \_\_\_\_\_
2. If repairs are needed on the course or equipment, who does your repair work? \_\_\_\_\_

**INLAND MARINE: (Optional)**

If you would like a quote for Inland Marine to provide coverage for incidental loss or damage, please complete the following below:

Equipment	Cost	Serial Number

**FRAUD WARNINGS**

**GENERAL FRAUD STATEMENT** (not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont)  
Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

**NOTICE TO COLORADO APPLICATIONS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO HAWAII APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.



**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: A 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.

**NOTICE TO UTAH APPLICANTS:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report for billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

This application is understood to be an inducement to the issuance of a policy of insurance by the Company. The undersigned hereby authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **OFFER OF TERRORISM COVERAGE DISCLOSURE OF PREMIUM AND FEDERAL PARTICIPATION**

The Terrorism Risk Insurance Act of 2002 establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States.

In accordance with the Terrorism Risk Insurance Act of 2002, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism committed by an individual(s) acting on behalf of a foreign person or foreign interest. The policy's other provisions will still apply to such an act. You may accept or reject this offer.

You may choose to reject the offer by signing the enclosed statement and returning it to us, and your policy will be written to exclude the described coverage.

### **REJECTION OF TERRORISM INSURANCE COVERAGE**

I hereby reject the offer of terrorism coverage. I understand that an **exclusion** of certain terrorism losses will be made part of this policy.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number (if applicable)



**DISCLOSURE OF PREMIUM**

If you accept this offer, the premium for terrorism coverage is \$ \_\_\_\_\_.

**DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 90% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

**The following statement is required to be part of this Policyholder Disclosure in Georgia:**

**LIMITATION ON PAYMENT OF TERRORISM LOSSES** (applies to policies which cover terrorism losses insured under the federal program)

The provisions of the Terrorism Risk Insurance Act of 2002 can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

Any additional correspondence should be emailed to Tammy at [tammy@coasioinsurance.com](mailto:tammy@coasioinsurance.com) or faxed to 864 - 688 - 0138.