



MOBILE AMUSEMENT SUPPLEMENTAL APPLICATION

This application is a supplement to the ACORD application. Please also include:

Minimum 5 years loss history
Route Schedule with dates and estimated attendance at each stop
Complete schedule of all Rides, Mechanical Attractions, and Monster Trucks. Include Year, Name, Manufacturer, Serial Number, and Name Owned Under.
Complete schedule of all Petting Zoos, Animal Rides and/or Displays (IF APPLICABLE)
Complete schedule of Automobiles and Trailers in Excel spreadsheet format. Include Year, Make, Model, Manufacturer, Serial Number/VIN, and any Comp/Collision Values (AUTO ONLY). Also list all Loss Payees (name & address) on vehicles if applicable.
Completed Schedule of Values for all buildings including COPE information. Include Year, Construction of Building, Building Values, Contents Value, Use of Building, Square Footage and Number of Stories (PROPERTY ONLY). Also list any signs including Construction Type and Value.
Complete list of Inland Marine equipment. Include Year, Make, Model, Manufacturer, Serial Number/VIN, and Value. (IM Only)
List of Additional Insureds required with mailing addresses and relationship. Does a contract exist? Are specific limits required by contract?
List of all subcontracted entities with a description of their operation

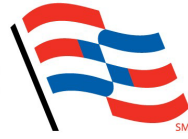
GENERAL APPLICANT INFORMATION

1) Name of Applicant:		DBA:	
2) Mailing Address:		City:	State: Zip:
3) Physical Address:		City:	State: Zip:
4) Contact Person and Title:		Number of years employed?	
5) Contact Information:		Phone #:	Fax #:
		E-Mail:	Website:
6) Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:	
7) Years in Business under current business name:		FEIN #:	
8) Number of years under present management:			
9) List all Named Insureds and their interests:			
Named Insured		Interest	
Named Insured		Interest	
Named Insured		Interest	
Named Insured		Interest	

POLICY INFORMATION

1) Effective Date:	Expiration Date:	Quote Need By Date:
2) Has insured had insurance coverage previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide 5 years currently valued loss runs.		Have coverages ever been canceled or non-renewed during past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:

*Please provide past 5 years hard copy loss runs and description of any individual claim or reserve in excess of \$10,000 or any significant injuries or fatalities



REVENUE AND PAYROLL

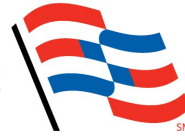
1) Annual Gross Revenue	\$
2) Annual Payroll	\$

OPERATIONS

1) Operating Season	From _____ (Month) to _____ (Month)	
2) States Operating in?		
3) Number of Employees	Full Time __	Part Time __
4) Do you use independent contractors, seasonal workers, day laborers, leased employees/workers or volunteers?	Yes	No
5) Do you have a formal training program for employees, independent contractors, seasonal workers, day laborers, leased employees/workers, and volunteers?	Yes	No
6) Machinery or equipment loaned or rented to others?	Yes	No
If YES, please explain:		
If YES, do you obtain hold harmless agreements and are you listed as additional insured on lessee's GL policy?		
7) Do you have or book-in animals?	Yes	No
If YES, how many, what kind and what is the extent of the audience's participation with the animals?		
8) Do you book-in other rides, games or food concessions?	Yes	No
If YES, do they carry their own insurance?	Yes	No
9) What is the average number of booked in Games?		
10) Do you have written contracts with vendors?	Yes	No
If YES, do you require proof of insurance and name you as additional insured? Please provide a sample contract.	Yes	No
11) Number of owned and operated game concessions		
12) What is the average number of booked in Food Units?		
13) Number of owned and operated food concessions		
14) How long do you maintain employee records and training records?		

SAFETY

1) Is a formal safety program in operation?	Yes	No
2) Is there are written schedule maintenance manual?	Yes	No
3) Are regular safety meetings held?	Yes	No
4) Are there fire extinguishers at each ride with current tags?	Yes	No
5) Are all perimeters fenced?	Yes	No
6) Do you perform accident management drills?	Yes	No
7) Do you have a catastrophic emergency evacuation plan?	Yes	No
8) How is event management notified of an emergency? Radio Loudspeaker Cell Phone Other:		
9) Do all ride signs comply with manufacturer recommendations regarding age, height and exit requirements?	Yes	No
10) Are rides inspected daily?	Yes	No
11) Are inspection logs maintained?	Yes	No
12) Are the state inspections current as required?	Yes	No
13) Are maintenance manuals for all rides kept on premises?	Yes	No
14) Is there a qualified maintenance staff person on site?	Yes	No
15) Are all rides assembled and repaired per manufacturer guidelines?	Yes	No



16) Are any rides used where the operator controls the speed? If YES, provide a list and operator training required.	Yes	No
17) Are operators trained to run more than one ride? If YES, the maximum number is:	Yes	No
18) Are employees and/or operators forbidden to use ear buds while working?	Yes	No
19) Do you conduct personal interviews with prospective employees?	Yes	No
20) Do you conduct pre-hire drug testing?	Yes	No
21) Are employees drug tested randomly once hired?	Yes	No
22) Do you have a drug prevention program in place?	Yes	No
23) Does an outside entity conduct the drug tests?	Yes	No
24) Do you have a formal incident reporting policy?	Yes	No
25) How long are incident reports retained, and where are they retained?		
26) Do you have a staff person designated to complete accident report forms, obtain all contact information regarding any injury on the premises?	Yes	No
27) Are all ride operators provided with working communication devices (e.g., radios, phones) to communicate with emergency personnel, operations in the event assistance is needed?	Yes	No
28) Is there a protocol that operators are trained on for how to handle a ride in distress? In writing?	Yes	No
29) Do any of the employees/workers live on site during events?	Yes	No
30) Does the applicant provide any permanent or temporary living quarters for any employees/workers? If so, provide more details.	Yes	No
31) Is the Applicant responsible for crowd control – egress and ingress – points or parking/transportation of guests?	Yes	No
32) Is the Applicant responsible for posting any signs relating to the operation of the rides and/or any safety or directional signs for crowd control, etc.?	Yes	No
33) Does the applicant use, and require that all vendors use, brightly colored power cord covers to prevent tripping hazards?	Yes	No
34) Does the applicant thoroughly inspect the leased grounds prior to and during operation to identify any hazards, etc. and promptly notify the property owner/responsible authority? If YES, how is this inspection and notification documented? (Potholes, etc....)	Yes	No

INFLATABLES Check box if not applicable

1) Is there an exposure for inflatables?	Yes	No
2) Who sets up the inflatables?		
3) Is the ground tested for firmness and level prior to set up?	Yes	No
4) Are inflatables properly anchored?		
5) How many attendants are assigned to each inflatable?		
6) How often are inflatables inspected?		
7) Are inspection and maintenance logs kept?	Yes	No
8) How are height, weight, and age limits enforced?		
9) Are participants grouped by size, weight or age for certain rides (i.e.bounces,ballrooms) ?	Yes	No
10) Are guidelines for all inflatables enforced as required by the operation manual?	Yes	No
11) How are the inflatables powered?		
12) Are appropriate controls in place to cover power cords, restrict contact with portable generators?	Yes	No
13) Are safety rules and procedures clearly posted and visible?	Yes	No



INFLATABLES (Continued)

Provide schedule of inflatables including Theme Name of Inflatible, Manufacturer, Dimensions, and Name Owned Under

WINTER QUARTERS

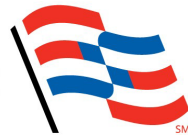
1) Do you have a Winter Quarters storage facility?	Yes	No
2) Address:		
3) What is located on the property?		
4) Is this also the insured's primary residence?	Yes	No
If YES, is there a way to clearly separate or identify the area that is part of their residence and covered by a homeowner's policy? Describe.		
5) What security measures are in place, such as fencing, cameras, etc.?		

AUTOMOBILE

1) Commercial Automobile Coverage desired?	Yes	No
2) USDOT Number		
Owned Auto		
3) Does your organization own or lease (long-term) vehicles?	Yes	No
If YES, please provide Schedule of Automobiles and Trailers, include Year, Make, Model, Manufacturer, Serial Number/VIN and any Comp/Collision Value.		
4) Do you obtain and review Motor Vehicle Reports?	Yes	No
If NO, does your insurance broker run them on your behalf?		
5) Is there a vehicle maintenance program in place? Please provide a copy	Yes	No
6) Do you have a driver safety program? Please provide a copy	Yes	No
Non-Owned Auto		
7) Do employees or volunteers use their auto for company business?	Yes	No
If YES, please explain usage:		
8) Do you verify that insurance is in place with limits equal to your limits before employees or volunteers can use their auto?	Yes	No
9) Number of individuals driving personal autos:	# of Volunteers	# of Employees
Hired Auto		
10) Do you hire or rent vehicles during your event?	Yes	No
If YES, describe vehicle types (trucks, cars, buses, etc.). estimated number, duration, usage and cost of hire:		
11) Do hired vehicle owners require you to provide primary liability? If YES, provide the owner(s) name:	Yes	No
12) Do hired vehicles transport any of the following? Select all that apply.		
Participants	Volunteers	Staff
		None
13) Explain and identify the frequency and distance traveled per trip:		



EverSports &
Entertainment
Insurance



14) Does the leasing company provide the driver(s) or do you use your own?		
Leasing Company	Self-Provided	
15) What is the highest valued vehicle you have leased or intend to lease? (Type/Value)		
16) What is the maximum number of vehicles leased at one time?		
17) Do you hire vehicles for more or fewer than 30 days? If more than 30 days, vehicle should be scheduled.	Yes	No

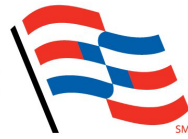
NOTE: Certificates of Insurance naming your organization as Additional Insured and applicable Hold Harmless agreements may be requested for underwriting purposes.

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant	_____ Applicant's Printed Name:
Title: _____	Date: _____
Producer Name: _____	License#: _____



FRAUD STATEMENTS

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 civil penalties. (Applicable in all states except those specifically identified below).

APPLICABLE IN ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND and WEST VIRGINIA

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to (civil)** fines and (criminal penalties)** confinement in prison. *Applies in MD only. ** Applies in NM only.

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 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.

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 KENTUCKY, NEW YORK, AND PENNSYLVANIA

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 subjects such person to criminal and civil penalties)* (not to exceed five thousand dollars and the stated value of the claim for each such violation)**.*Applies in NY and PA only. **Applies in NY Only.

NEW YORK – AUTO SPECIFIC

Auto: All applications for automobile insurance and all claim forms – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.”

PENNSYLVANIA – AUTO SPECIFIC

Auto: “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

APPLICABLE IN MASSACHUSETTS and NEBRASKA

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 MAINE, TENNESSEE, VIRGINIA, and 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 (may)* include imprisonment, fines, and denial of insurance benefits. * Applies in ME Only.

TENNESSEE – WC ONLY

Workers Compensation: “It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.”



APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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 deceptive 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 OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.