

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
 www.scottsdaleins.com

Amusement Program Supplemental General Liability Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

1. Description of operation: _____

Number of years in operation: _____

Years of experience in this field: _____

2. Schedule of Amusements (owned or leased):

Name and Type of Amusement	Number	Age	Manufacturer	Capacity	Maximum Operating Speed	Receipts

a. Does the applicant have any animal rides or animal exposures?..... Yes No
 If yes, please describe: _____

b. For batting cages, are participants required to wear protective headgear? Yes No

c. For paddle boats:
 Are U.S. Coast Guard approved life preservers provided and required for each passenger? Yes No
 Are paddle boat renters required to sign hold harmless agreements in the applicant's favor? Yes No

d. For carriages, sleighs or hayrides, are passengers driven on public streets or roads? Yes No

e. For hot air balloon rides, are balloons tethered? Yes No
 If yes, maximum height of balloon: _____ ft.

f. For lazer tag centers, is center on more than one level?..... Yes No
 If yes, please describe: _____

g. Does applicant own or lease any inflatable amusement devices? Yes No
 If yes, please describe: _____

3. Mechanical Rides:

a. Do rides have signs clearly marking age, height and size limitations? Yes No

b. Describe the height and type of fencing required for spectator safety: _____

c. Are all rides inspected? Yes No

If yes, please provide details of the inspection process: _____

Who Completes the Inspections?	Frequency of Inspection?	Are Inspection/Maintenance Logs Maintained?

4. Scenic Trains:

a. How often is the train maintained and inspected? _____

b. How often are the tracks maintained and inspected? _____

c. Are tracks shared with other trains? Yes No

d. What is the maximum speed of the train? _____

e. How many times do the tracks cross streets/roads? _____

f. Are traffic safety devices in place at each street/road crossing? Yes No

g. Are engineers subject to drug and alcohol testing? Yes No

h. What is maximum passenger capacity? _____

i. Please advise the number of: closed cars: _____ open cars: _____ passenger cars: _____

j. How long is the ride? _____

k. Please describe passenger safety controls: _____

l. Please advise as to how many years of experience each engineer has:

Name	Years of Experience

m. Does applicant own or lease any miniature trains? Yes No

5. Receipts:

a. Does applicant sell any items? Yes No

If yes, describe: _____

- b. Estimated annual receipts?.....\$ _____
- c. Estimated rental receipts?.....\$ _____
- d. Estimated retail receipts?.....\$ _____

6. Supervision:

Please describe the nature of the adult supervision provided while any ride or device is in use: _____

7. List states in which applicant operates: _____

8. Total number of employees: _____

9. Does applicant have a training program?..... Yes No

10. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, please describe: _____

11. Does the applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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.

NOTICE TO COLORADO APPLICANTS: 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 or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

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

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

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____