



# Family Entertainment Centers Application

**FAMILY ENTERTAINMENT CENTERS  
SAFETY ASSOCIATION**

Email: [info@insuremyfec.com](mailto:info@insuremyfec.com)  
Web: [www.insuremyfec.com](http://www.insuremyfec.com)

Named Insured(s): if multiple names, explain insurable interest						
Policy Mailing Address:						
Type of Entity:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Other: Describe	_____

Effective Date:		Expiration Date:	
Contact Person:		Telephone:	
Website Address:		Email:	
No. Years in Business:		Fax:	
Federal ID#:		Operating Season:	
List Member Associations:			

Location Address:			
No. Years at this Location:		No. Years Experience in Industry:	
Annual Receipts:			
<b>Indoor Party Facilities:</b> a business with a fixed, indoor facility for private parties, including amusements and related party and entertainment equipment		\$	
<b>Walk-in "Pay for Play" Facilities:</b> a business with a fixed indoor facility with amusements that is open to the public on a fee basis rather than restricted to guests at a private party.		\$	
<b>Party &amp; Event Planning:</b> a business that provides party and event planning services for personal and corporate events		\$	
<b>Party Rental Operations:</b> a business that rents amusement devices, concession equipment, and related equipment.		\$	
Total Annual Receipts:		\$	
Sq Ft Area of Facility:		Hours of Operation:	
For Indoor Party Facilities & Walk-in "Pay for Play" Facilities: Average Annual Attendance:			



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## Revenue Breakdown:

Please provide a breakdown of revenue by type of attraction; to rate these separately, you must keep records that allocate your receipts by attraction. If you sell tickets for access to multiple attractions, you must have a process for allocating revenue to each attraction from the multi-attraction pass in order for the rates to be split for that revenue, otherwise the highest applicable rate will apply. Open access to the whole indoor facility will be rated accordingly.

Arcade	\$	Batting Cages	\$	Bowling	\$	Bumper Boats	\$
Bumper Carss	\$	Bungee Tramps	\$	Climbing Walls	\$	Coin Operated Amusements	\$
Coin Operated Amusements	\$	Coin Operated Kiddie Rides	\$	Driving Range	\$	Go Karts	\$
Lazer Tag	\$	Mazes	\$	Paint Pall	\$	Pool Tables/ Billiards	\$
Soft Play	\$	Water Slides	\$	Food	\$	Alcoholic Beverages	\$
Gifts/Souvenirs	\$	Pro Shop	\$	Other (describe)	\$	Other (describe)	\$

## Select desired coverage(s):

GENERAL LIABILITY (select limits and deductible below)

### LIMITS:

- \$1,000,000 per occurrence / \$2,000,000 aggregate  
 \$ 500,000 per occurrence / \$1,000,000 aggregate

### DEDUCTIBLE

- \$1,000       \$2,500       \$5,000  
 \$7,500       \$10,000

NOTE: Medical Expense Payments are EXCLUDED, however a separate Accidental Death & Dismemberment policy is provided .

ACCIDENTAL DEATH & DISMEMBERMENT

\$10,000 per accident, death, or dismemberment / \$100,000 policy aggregate

EMPLOYEE BENEFITS LIABILITY (select limits below)

\$1,000,000 each employee / \$1,000,000 aggregate

STOP GAP LIABILITY (select limits below) Available only in Monopolistic States (OH, ND, WA, WY)

- |  |   |    |  |
|--|---|----|--|
| <input type="checkbox"/> \$1,000,000<br><input type="checkbox"/> \$1,000,000<br><input type="checkbox"/> \$1,000,000 | } | or | <input type="checkbox"/> \$500,000    bodily injury by accident – each accident<br><input type="checkbox"/> \$500,000    bodily injury by disease – each employee<br><input type="checkbox"/> \$500,000    aggregate |
|--|---|----|--|

HIRED AUTO AND NON-OWNED AUTO LIABILITY (Limit selection may not exceed GL per occurrence limit)

\$1,000,000 each accident       \$500,000 each accident

PROPERTY AND INLAND MARINE

### LIMITS

Per Schedule

### DEDUCTIBLE

- \$500       \$1,000       \$2,500  
 \$5,000       \$7,500       \$10,000



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Please Note: For all questions on this application, "you" refers to all entities listed in the Named Insured above.

**General Questions: Please provide details to any questions with a "Yes" answer.**

1. Are you a subsidiary of another entity or do you own any entities not listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you been or are you active in any joint ventures or other corporations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have any operations been sold, acquired or discontinued in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have any other insurance for the above listed Named Insured(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has any insurance for the above listed Named Insured(s) been cancelled or nonrenewed? (N/A in MO)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have any of the above listed Named Insured(s) filed for bankruptcy, financial reorganization, or have any tax liens or credit liens filed against them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you had any prior losses or claims involving discrimination or negligent hiring allegations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you had any prior losses or claims involving sexual abuse or molestation allegations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have any crimes occurred or been attempted on your premises in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Do you have a labor interchange with any other business or subsidiary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you have a formal written safety program? (Please attach a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do you have a formal written training program for employees? (Please attach a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do you have a formal written training program for customers? (Please attach a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do any of your operations include adult entertainment or adult themes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Do you have a swimming pool on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Do you have any beachfront attractions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Do any of your operations include any gambling entertainment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Do any of your operations involve animals or petting zoos?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Are fireworks or other pyrotechnics involved in any of your operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Are stunts or special effects involved in any of your operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Do your operations include organizing or sponsoring any sports, sporting events, or competitions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Do any of your operations include "superstar", "headliner", or box office/A-List celebrities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Do your operations include sponsorship of any special events or teams?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Do any of your operations involve exposure to radioactive or nuclear materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Do you own or lease your premises?	<input type="checkbox"/> Own	<input type="checkbox"/> Lease
26. Do your operations include any outdoor party centers (not including offsite rentals to others)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have inspections by state or local authorities resulted in any deficiencies or fines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Have you ever received a citation for violation of licencing or permitting requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Do you provide daycare or babysitting services by employees, volunteers, or subcontractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks for Yes Answers:		



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30. Do you hire any independent contractors to perform services on your behalf? If Yes, complete a-c		<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Describe here:			
b. Do you ever NOT require a written agreement for such arrangements?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Do you ever NOT require the independent contractor to hold you harmless (in writing) and provide you with a certificate of insurance naming you as an additional insured?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks for No Answers:			

### Employees:

1. During the last 10 years, have you or any applicant been convicted of any degree of the crime of arson?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Number of Full Time Employees:		3. Number of Part Time Employees:	
4. Minimum age requirement for employed or volunteer attraction operators or attendants:			
5. Are any employees leased to or from another entity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is there a labor interchange with any other businesses or subsidiaries?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you have an employee handbook?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Non-owned & Hired Automobile: Available only for applicants with no owned vehicles.

1. Do you own any vehicles (in the name shown as named insured)? <i>If so, non-owned &amp; hired automobile coverage must be placed with the automobile insurer.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do any of your employees or volunteers use their own personal vehicles for business purposes? If yes, please advise how many employees or volunteers use their own vehicles:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you confirm employees are licensed prior to allowing them to drive for business purposes?			
4. Do you confirm that any employee using their own vehicle for business purposes carry minimum personal insurance limits? If yes, what limits are required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Party & Event Planning: Business which plans and oversees personal and corporate events "X" here if none.

1. Please select the category that best describes the nature of your party and event planning: <input type="checkbox"/> Social Events such as birthdays, anniversaries, weddings, Bar/Bat Mitvahs, etc. <input type="checkbox"/> Corporate Events such as conventions, trade shows, charitable events, festivals, etc. <input type="checkbox"/> Other: please describe other types of events:				
2. What are the average and maximum budgets for such events?	Average:	\$	Maximum:	\$
3. For what percentage of parties and events (annually) do you use a contract with your clients? Pls att. copy				%



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**Indoor Party Facilities and Walk-in "Pay for Play" Facilities**  "X" here if none.

1. How many rooms or separate areas can be used for private parties (other than the attractions area)?		
2. What is the maximum capacity of your facility?		
3. How often do you rent party rooms to clients without a signed rental and hold harmless agreement?		%
4. With respect to machines, rides and equipment with a power supply, are all properly grounded with non-slip, non-conductive floor coverings under and surrounding the equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are participants required to wear socks on all inflatable attractions and manufacturer recommended footwear on any other attractions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you always comply with the manufacturer's recommended minimum number of attendants for supervision of attractions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you require all guests who enter the facility to sign a waiver/release of liability (parents or guardians sign on behalf of all minor children)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have a mandatory orientation program for all guests providing an overview of the facility rules and safety procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. What is the minimum number of employees placed on the floor to supervise attractions when open?		
10. How often do you inspect each attraction, including electrical chords, blowers, and padding?		
11. Are signs posted throughout the facility and enforced regarding Safety Rules and Procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do you comply with all manufacturer recommended rules of use and safety procedures for all attractions, including restrictions on age, size, and maximum capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are there any rips, tears, or other damages to your attractions, their enclosures, or safety barriers that need to be repaired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do each of your attractions that require users to climb, jump, or slide in or out have gym mats secured at the entrances and exits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Describe the flooring surfaces in your facility: <input type="checkbox"/> carpeted with padding <input type="checkbox"/> carpeted, no padding <input type="checkbox"/> other: describe: _____		
16. Does your operation include any programs where minor children are dropped off and left in your care? If so, please complete the <b>Minor Child Drop Off Supplemental Application to remove the exclusion for this exposure.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Do you sell concessions or snacks? If so, please describe the type sold.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> pre-packaged candy, beverages, ice cream, and other snacks only <input type="checkbox"/> beverages and pre-prepared food or pre-packaged snacks only <input type="checkbox"/> no food <input type="checkbox"/> food prepared on premises: describe food prepared: _____ _____ <b>NOTE: If any cooking or heating is done on premises, a Cooking Supplemental Application must be completed.</b>		
18. Please complete a schedule of all the amusements activities or devices at this facility. Only scheduled attractions are covered.		
19. Additional Information:		



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**Attraction Rentals: "attraction" refers to anything you rent to others.**

1. Are there any attractions for which you require an operator/attendant to accompany the attraction at all times?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
If yes, which ones:		
2. Are all of your attractions and rides inspected by state or local inspectors? Date of last inspection: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
3. Have any inspections by state or local authorities resulted in any deficiencies or fines?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
4. Do any attractions require a tractor trailer to transport it?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
5. Do you retain manufacturer use and safety manuals for all attractions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
6. Do you always post signs clearly noting safety rules for attractions and any limitations recommended by the manufacturer, such as age, height, size, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
7. Do you always deliver, set up, take down, and pick up your attractions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
8. Do you always follow the manufacturer's instructions when setting up and using attractions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
9. Do you ever leave attractions at the site overnight or for the weekend?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
10. Do you always fully inspect each attraction before it is put to use for a rental?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
11. Do you keep written records of your inspections of attractions from each rental for at least one year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
12. Do you always require a signed rental agreement with every attraction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
13. Do you always require a legible, printed name of the person signing the rental agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
14. Does your rental agreement always include written acknowledgement of receiving and understanding instructions for use of every attraction rented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
15. Does your rental agreement always include written acknowledgement of the renter's obligation to provide adult supervision of the attraction at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
16. Does your rental agreement include a hold harmless agreement in your favor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
17. Do you provide Watchdog Siren Warning Devices with any of your rental equipment? <b>Note on schedule any device that is always rented with a Watchdog Siren Warning Device</b>	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Remarks for "*" Answers:		
18. Do you have any of the following equipment? Check the applicable boxes. <b>Special Acceptance Required to Insure</b>		
<input type="checkbox"/> Slides with height exceeding 24 feet (measured from ground to standing platform) <input type="checkbox"/> Outdoor trackless trains that DO NOT have back brake capability <i>or</i> DO NOT operate on flat ground <input type="checkbox"/> Mechanical bulls that are NOT made by Galaxy, GS, or VIV <input type="checkbox"/> Titanic Slides or Water slide with a mini pool <input type="checkbox"/> Metal dunk tanks (we will insure plastic dunk tanks that have certified safety features) <input type="checkbox"/> Jacobs Ladder type equipment <input type="checkbox"/> Moonwalks and bouncers that DO NOT have four sides, a top, and a landing pad <input type="checkbox"/> Rollercoaster type equipment	<input type="checkbox"/> Tower bungees or reverse bungees <input type="checkbox"/> Petting zoos or live animal attractions <input type="checkbox"/> Miniature golf (portable miniature golf is acceptable) <input type="checkbox"/> Trampolines other than Euro-bungee/Bongos and similar equipment that include safety harnesses <input type="checkbox"/> Roller skating or Ice skating rinks – except synthetic/plastic ice rinks <input type="checkbox"/> Outdoor family entertainment centers <input type="checkbox"/> Traveling carnivals and carnival rides <input type="checkbox"/> Indoor centers with a rock climbing wall <input type="checkbox"/> Equipment rentals other than party equipment and amusements	
19. IMPORTANT: Please complete a schedule of equipment supplement. <b>Only scheduled equipment is covered by the Policy.</b>		



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**Property & Inland Marine Coverage:** complete once for each location for which coverage is desired.

Location Address:							
Construction:		<input type="checkbox"/> Fire-Resistive <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Frame					
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	
Security Cameras On Site?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Burglar Alarm?:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central Station <input type="checkbox"/> Local Gong	
Year Building Built:		Building Updates::		Plumbing:		Electrical:	
				HVAC:		Roof:	
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant *must answer Question about Lease						Any aluminum wiring? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>*TENANTS:</b> In your lease or elsewhere, have you waived your right to subrogate against your landlord for damages to your property, tenants improvements and betterments or loss of income from such damages? <input type="checkbox"/> Yes <input type="checkbox"/> No							

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

Building	\$	Contents	\$	Loss of	\$
				Income	

**Deductible Options:** (select below)

\$500   
 \$1,000   
 \$2,500   
 \$5,000   
 \$7,500   
 \$10,000

**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

**Facility & Public Protection:**

1. The fire department is staffed by professional, paid firefighters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there an independent water source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Distance of nearest fire station to the facility:		
4. Distance to nearest accessible, working hydrant?		5. Hydrants kept clear at all times?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are fire hoses accessible throughout location and inspected at least monthly?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Number of Fire Extinguishers:		8. Inspected and Tagged Annually?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Do you comply with all local, state, building, concession, sanitary codes?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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**Comments:**

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**Please include the following information along with this completed, signed and dated application with your submission:**

- Currently valued Insurance Company Loss Runs for the current policy term plus four prior years
- Copies of waivers and release agreements                       Copies of equipment rental agreements

**Please complete a supplemental application for each of the following exposures that apply to your operation. These supplemental applications are part of the application and subject to the Warranty Statement you sign below.**

<input type="checkbox"/> Supplemental Equipment Schedule	<input type="checkbox"/> Cooking Supplement	<input type="checkbox"/> Ropes Course Supplement
<input type="checkbox"/> Batting Cage Supplement	<input type="checkbox"/> Driving Range Supplement	<input type="checkbox"/> Sexual Abuse & Molestation (if coverage is desired)
<input type="checkbox"/> Bowling Supplement	<input type="checkbox"/> Go Kart Supplement	<input type="checkbox"/> Skating Rink Supplement
<input type="checkbox"/> Bumper Boat Supplement	<input type="checkbox"/> Lazer Tag Supplement	<input type="checkbox"/> Claims Detail Supplement (must be completed if you had claims)
<input type="checkbox"/> Bumper Car Supplement	<input type="checkbox"/> Mechanical Bull Supplement	
<input type="checkbox"/> Bungy Trampoline Supplement	<input type="checkbox"/> Mini Golf Supplement	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Climbing Wall Supplement	<input type="checkbox"/> Paintball Supplement	<input type="checkbox"/> Other (describe):

**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.

\_\_\_\_\_  
(Signature of Applicant-Mandatory)

\_\_\_\_\_  
(Print Name of Applicant)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Broker)

\_\_\_\_\_  
(Print Broker Name)

\_\_\_\_\_  
(Date)





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## Supplemental Equipment Schedule

Please complete the schedule below for ALL attractions rented to others. Note that this insurance only applies to attractions listed on the policy. Insert a "V" in the last column if a **Watchdog Warning Siren Device** is always used with the attraction.

Item #	Item Description	Manufacturer	L x W x H	Serial Number	Cost	√ Watch dog
1					\$	
2					\$	
3					\$	
4					\$	
5					\$	
6					\$	
7					\$	
8					\$	
9					\$	
10					\$	
11					\$	
12					\$	
13					\$	
14					\$	
15					\$	
16					\$	
17					\$	
18					\$	
19					\$	
20					\$	
21					\$	
22					\$	
23					\$	
24					\$	
25					\$	

ACTIVITY SCHEDULE: Check all applicable.	Quantity
Air Brush Tattoo – per operator	
Costume Characters – per person	
Face Painting-per operator	
Other (describe):	