

AMUSEMENT PROGRAM SUPPLEMENTAL GENERAL LIABILITY APPLICATION
(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____ Producer: _____

1. **Applicant's experience:** Number of years in operation: _____
If a new operation, the number of years of related experience: _____

2. Schedule of Amusement Devices or Rides:

DETAILED DESCRIPTION	AGE OF DEVICE	MANUFACTURER	CAPACITY	I.D. OR SERIAL #:

IMPORTANT: Attach copy of Equipment Rental agreement signed by the clients. It must include a hold-harmless clause.

Does the applicant have any animal rides or animal exposures? Yes No

If yes, please describe: _____

For amusement rides, describe the height and type of fencing required for spectator safety: _____

3. Rides: Do rides have signs clearly marking age, height, and size limitations? Yes No
Are all rides inspected? Yes No If yes, please provide details of the inspection process: _____

Who completes the inspections?	Frequency of Inspections?	Are Inspections / Maintenance Logs Maintained?

4. **Receipts:** What are the applicant's estimated annual receipts? _____

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

6. List states in which applicant operates: _____

7. Total number of employees: _____ Are any employees leased? Yes No

8. Does applicant have a training program? Yes No

DATE: _____

APPLICANT'S SIGNATURE: _____