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AMUSEMENT PROGRAM GENERAL LIABILITY APPLICATION

APPLICANT'S NAME _____	AGENCY NAME _____
MAILING ADDRESS _____	ADDRESS _____
LOCATION _____	PHONE NO. _____

PROPOSED EFFECTIVE DATE: FROM _____ TO _____

APPLICANT IS: ___ INDIVIDUAL ___ CORPORATION ___ PARTNERSHIP ___ JOINT VENTURE
___ LIMITED LIABILITY ___ OTHER (SPECIFY): _____

LIMITS OF LIABILITY REQUESTED	LIMITS
GENERAL AGGREGATE	\$
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$
PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)	\$
EACH OCCURENCE	\$
FIRE DAMAGE (ANY ONE FIRE)	\$
MEDICAL EXPENSE (ANY ONE PERSON)	\$
OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS DEDUCTIBLE	\$

- INSPECTION/ AUDIT:
INSPECTION CONTACT & PHONE NUMBER: _____
ACCOUNTING RECORDS CONTACT & PHONE NUMBER: _____
FREQUENCY OF INSPECTION: _____ INSPECTION LOGS MAINTAINED? _____
- NO. OF YEARS IN OPERATION: _____ IF NEW OPERATION, NO. OF YEARS RELATED EXPERIENCE: _____
- WHAT ARE THE APPLICANT'S ESTIMATED SALES? _____
- ATTACH SCHEDULE OF APPLICANT'S RIDES AND/OR ACTIVITIES OFFERED. INCLUDE NAME AND TYPE OF RIDE, AGE, NAME OF MANUFACTURER, RIDE CAPACITY, AND MAXIMUM OPERATING SPEED.**
- DOES APPLICANT HAVE ANY ANIMAL RIDES OR ANIMAL EXPOSURES? ___ YES ___ NO
IF YES, DESCRIBE: _____
- IF COVERAGE TO APPLY TO AMUSEMENT RIDE(S), DESCRIBE HEIGHT AND TYPE OF FENCING REQUIRED FOR SPECTATOR SAFETY: _____

7. DO RIDES HAVE SIGNS CLEARLY MARKING HEIGHT AND SIZE LIMITATIONS? _____ YES _____ NO
8. ARE ALL RIDES INSPECTED? _____ YES _____ NO
9. ARE INSPECTION/MAINTENANCE LOGS MAINTAINED? _____ YES _____ NO
10. WILL THERE BE AN ATTENDANT ON DUTY WHILE RIDES ARE OPERATED? _____ YES _____ NO
11. LIST STATES IN WHICH APPLICANT OPERATES: _____
12. DOES APPLICANT HAVE WORKER'S COMPENSATION COVERAGE IN FORCE? _____ YES _____ NO
13. TOTAL NUMBER OF EMPLOYEES: _____
14. DOES APPLICANT LEASE EMPLOYEES? _____ YES _____ NO
15. DOES APPLICANT HAVE A TRAINING PROGRAM? _____ YES _____ NO
IF YES, DESCRIBE: _____
16. DURING THE PAST THREE YEARS, HAS ANY COMPANY CANCELLED, DECLINED, OR REFUSED TO ISSUE SIMILAR INSURANCE TO THE APPLICANT (NOT APPLICABLE IN MISSOURI)? _____ YES _____ NO
IF YES, EXPLAIN: _____

PREVIOUS INSURER (DESCRIBE ALL LOSSES)

YEAR	COMPANY	POLICY NO.	PREMIUM	PAID LOSSES	RESERVED LOSSES	LOSS DESCRIPTION

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.

******IMPORTANT NOTICE******

AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING, UPON WRITTEN REQUEST ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

ANSWER ALL QUESTIONS- IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER SIGNATURE _____ DATE _____