



SCOTTSDALE INSURANCE COMPANY®

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AMUSEMENT PROGRAM SUPPLEMENTAL GENERAL LIABILITY APPLICATION

(Complete in addition to ACORD General Liability application)

Name of Applicant: _____

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:

Table with 5 columns: Name and/or Type of Amusement Device or Ride, Age, Manufacturer, Capacity, Maximum Operating Speed

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: _____

Table with 3 columns: Who completes the inspections?, Frequency of Inspection?, Are Inspection/Maintenance Logs Maintained?

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

5. Supervision: Please describe the nature of the 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

APPLICANT'S SIGNATURE: _____ DATE: _____

Amusement Program Rating Worksheet

	(A) Class Code	(B) Rate	(C) Increase in Agg. Limit Debit	(D) Fringe Cred. Mod.	Other Cred./ Deb. Mod.	Final Rate	(E) Base	Exposure	Premium
Prem. Ops.			X	X	X	=		X	=
DESCRIPTION:									
Prem. Ops.			X	X	X	=		X	=
DESCRIPTION:									
Prem. Ops.			X	X	X	=		X	=
DESCRIPTION:									
Prem. Ops.			X	X	X	=		X	=
DESCRIPTION:									
Prem. Ops.			X	X	X	=		X	=
DESCRIPTION:									
Prem. Ops.			X	X	X	=		X	=
DESCRIPTION:									
Prem. Ops.			X	X	X	=		X	=
DESCRIPTION:									
Prem. Ops.			X	X	X	=		X	=
DESCRIPTION:									
Prem. Ops.			X	X	X	=		X	=
DESCRIPTION:									
Prem. Ops.			X	X	X	=		X	=
DESCRIPTION:									
Prem. Ops.			X	X	X	=		X	=
DESCRIPTION:									
Prem. Ops.			X	X	X	=		X	=
DESCRIPTION:									
Number					Flat Charge				
ADDITIONAL INSUREDS	49950		X \$50 each	or \$500 flat for Blanket Additional Insureds					=
Total Premium, subject to minimum premium (F)									\$

INSPECTION REQUIREMENTS:

New Business—over \$2,500 premium
 Renewals—over \$5,000 premium, order every three years

(A) Class Code Description
 see program card for class codes and descriptions

(B) Rates
 see program card for by device rates

(C) Increase Limits Charge:
 To double the general aggregate, increase rate 3%
(For the following, apply surcharge to the \$1,000,000 rate):
 1,000,000/2,000,000/2,000,000—charge 3% additional
 1,000,000/3,000,000/3,000,000—charge 5% additional
(For the following, apply surcharge to the \$2,000,000 rate):
 2,000,000/3,000,000/3,000,000—charge 3% additional

(E) Premium Basis:
 s) Gross Sales—per \$1,000
 p) Payroll—per \$1,000
 a) Area—per 1,000 square feet
 u) Units—per each
 c) Contract Cost—per \$1,000
 m) Admissions—per 1,000 admissions

(F) Minimum Premiums
 Policy Minimum Premium:
 Occurrence Limits of \$1,000,000 or less: \$ 500
 Occurrence Limits of \$2,000,000: \$1,250

(D) Fringe Cred. Mod.: Multiply all applicable credits to obtain the total fringe credit mod.

CG2135 Med. Payments	_____	0.99
CG2137 Empl. and Insds.	_____	0.99
CG2138 PI & AI	_____	0.99
CG2139 Contractual Liab.	_____	0.99
CG2140 Advertising Liab.	_____	0.99
CG2145 Fire Damage	_____	0.99

Total Fringe Credit Mod.: _____