

☐ **Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

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

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**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	No.	Age	Manufacturer	Capacity	Maximum Operating Speed	Receipts

**a.** Does applicant have any animal rides or animal exposures?..... ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

- b. Does applicant have any climbing walls? ..... ☐ Yes ☐ No

If yes, GLS-APP-47s, Climbing Wall Questionnaire, is required.

- c. Does applicant have any petting zoos? ..... ☐ Yes ☐ No

If yes, GLZ-Supp-2g, Zoo Liability Supplemental Application, is required.

- d. For batting cages, are participants required to wear protective headgear? ..... ☐ Yes ☐ No

- e. 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

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

- g. For hot air balloon rides, are balloons tethered?..... ☐ Yes ☐ No

If yes, maximum height of balloon: \_\_\_\_\_ ft.

- h. 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?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

### 4. Receipts:

- a. Does applicant sell any items?..... ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

- b. Estimated annual receipts:.....\$ \_\_\_\_\_

- c. Estimated rental receipts: .....\$ \_\_\_\_\_

- d. Estimated retail 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: \_\_\_\_\_

8. Does applicant have a training program? ..... ☐ Yes ☐ No

9. Does risk engage in the generation of power, other than emergency backup power, for their own use or sale to power companies? ..... ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

10. Does 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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

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

**NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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 of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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.

**FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND):** 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 VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**NEW YORK 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 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 STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

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

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_