



Facility Insurance Request For Quote

Instructions to obtain a Quote:

1. Complete form entirely to receive a quote. If the form is not completed, additional information will have to be attained before quoting.
2. Save completed form to your computer
3. Please send this form to: Email: smic_information@amwins.com, Fax: (715) 344-6126
Or mail to: Special Markets Insurance Consultants, Inc., 1055 Main Street, Suite 101, Stevens Point, WI 54481
Phone: (800) 727-7642

Request for quote form must be completed and returned for underwriter review. Submission of this form does not guarantee coverage. Quote will be offered if risk meets Underwriting Guidelines. *Payment of premium is required to bind coverage.*

Account Information:

Named Insured _____

Physical Address _____ Email _____

City _____ State _____ Zip _____

Fax _____ Website _____

Mailing Address _____

Location Address(es) (please attach additional pages if needed) _____

Contact Person _____ Title _____ Phone _____

Effective Date _____ Expiration Date _____

Activity Start Date _____ Activity End Date _____

Named Insured is: Individual Partnership Corporation Association Other: _____

No. of years this entity has been in business _____ No. of years' experience for this owner _____

Is this business a franchise? Yes No Is the facility family owned and operated? Yes No

Coverage Requested: Accident Medical \$25,000 Limit Other Limit \$ _____
Accident Medical Deductible Options \$0 \$100 \$250 \$500

Policy Information

Operations Receipts (If more than one location, please fill out section for each location)

	For below No. of Participants (Select One)		Youth Annual Participants		Youth Daily Participants	
			Adult Annual Participants		Adult Daily Participants	
		No. of Participants		No. of Participants		No. of Participants
Attendant operated rides	\$ _____	_____	Rock Climbing Wall	\$ _____	_____	
Arcade	\$ _____	_____	Inflatables	\$ _____	_____	
Batting cages	\$ _____	_____	Laser tag	\$ _____	_____	
Bumper boats	\$ _____	_____	Water wars	\$ _____	_____	
Bumper cars	\$ _____	_____	Other (please write in activities and receipts, if not listed)	_____	_____	
Concessions	\$ _____	_____		\$ _____	_____	
Driving Range	\$ _____	_____		\$ _____	_____	
Go-karts (gas)	\$ _____	_____		\$ _____	_____	
Go-karts (electric)	\$ _____	_____		\$ _____	_____	
Go-karts (kiddie, rookie)	\$ _____	_____		\$ _____	_____	
Kiddie rides	\$ _____	_____	Total Receipts	\$ _____	_____	
Miniature Golf	\$ _____	_____	Total No. of Participants	_____	_____	

GO-KARTS

(Please make copies of this section if more than 1 track)

Track Information:

What is the name or type of track _____ Is the track indoor or outdoor _____

What is the height of the fence around the track _____ What type of fence is around the track _____

What is the surface of the track _____

Is there a barrier around the track? Yes No If yes, what type of barrier _____

What is the age requirement _____ What is the height requirement _____

How many employees are at the track _____ What are their positions _____

Is there a height marker? Yes No

Do you use any kind of waivers? Yes No (If yes, please attach a copy of the waiver.)

Are rules posted? Yes No

Is there a first aid kit in the pits? Yes No

How many fire extinguishers are in the track area _____ How many fire extinguishers are in the pit area _____

Kart Information:

Number of karts owned _____ Are the karts gas or electric _____ What is the speed of the karts _____

Who is the manufacturer of the karts _____

Do the karts have belts/harnesses? Yes No If yes, how are they checked _____

Are helmets available? Yes No

Is the steering padded? Yes No

Are there bumpers on the karts? Yes No

Are there cutoff switches installed on the karts? Yes No

Are there belt guard covers installed on the karts? Yes No

Are remote shut offs used? Yes No

Maintenance Shop Information:

Are maintenance logs kept per kart? Yes No

Are maintenance logs kept per day? Yes No

Is there a full time maintenance person? Yes No

Are maintenance logs written or electronic _____

Are karts kept in the shop overnight? Yes No

Are there fire extinguishers in the shop? Yes No

Is any gas stored in the shop? Yes No If yes, how is the gas stored _____

BATTING CAGES

Cage Speed	1	2	3	4	5	6	7	8	9	10

What is the number of attendants per batting cage? _____

How many participants can be in the batting cage at one time _____ Are they required to wear helmets? Yes No

Are rules clearly posted? Yes No

Is the batter's box and home plate clearly marked? Yes No

Are the cages completely enclosed with netting? Yes No

Are the machines maintained daily? Yes No Who is the manufacturer of the machines _____

Is a maintenance log book kept? Yes No

BUMPER CARS

How many bumper cars are on the premises _____ Are the cars gas or electric _____

Who is the manufacturer of the bumper cars _____

What is the age requirement to operate bumper car _____ What is the height requirement to operate bumper car _____

What is the number of attendants at bumper car _____

What is the size of the area Square footage _____ Length _____ Width _____

Are bumper cars equipped with steering pads and head pads? Yes No

Are bumper cars equipped with seat belts? Yes No

Are rules clearly posted? Yes No

Is the area fenced in? Yes No

Are the bumper car machines maintained daily? Yes No

Is a maintenance log book kept? Yes No

Applicant's Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this request for quote form and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Authorized Signature _____ **Date** _____

Printed Name _____ **Title** _____

All above information requested is required for policy issuance. The licensed agent is required to complete the section below. Policies can not be issued without all the required information being completed.

Local/Regional Licensed Agency

Agency Name: _____	License Number: _____
Agent Name (Printed): _____	Agent Address: _____
City, State, Zip: _____	Phone Number: _____
Signature: _____ (Licensed Agent)	Date: _____
Email Address: _____	Proposal Number: _____

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: 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 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.

APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.