

## AMUSEMENT RENTALS QUESTIONNAIRE

Applicant Name					Effective Date				
Agency Name					Agency #				
• P	lease	e attach to an ACORD a attach the three year attach a copy of the F	current Loss Runs						
Appli	ican	t Information							
1.	. Ye	ears of operation							
2.	. We								
3.	Co Ca Inf Ot	ease provide a breakdo oncessions (snow cone arnival games (ring tos latable items (bounce her rented items (tents her operations (also de	y)						
4.		e you a member of any /es, please list the ass	/ associations? ociation(s)				Yes _	No	
5.	Please provide the total number of the following: Full time employees (including owners and officers) Part time employees Seasonal employees								
Oper	atio	ns Information							
6.	. WI	hat states do you opera	ate in?						
7.	. WI								
	De	escription	Manufacturer	Model Nam	ne/#	Age (Years)	Dimensio	ons	
	* /:	f more than 5 items, pl	ease attach a schedule.						
8.	Ple Do	ease attach copy of rei bes the rental agreeme	sign a rental agreement? <i>ntal agreement</i> nt include a hold harmless nt include an indemnification				Yes _ Yes _ Yes _	No	
9.			nside when not in use? prage area				Yes	No	
Safet	ty In	formation							
1(			formal or certified safety to ad provide copy of certification				Yes	No	
11	1. Do	you have an employe	e and customer operator s	afety program?			Yes	No	
12	2. WI	no is responsible for se	et up of the equipment?	You F	Renter				
1:	3. Is	the manufacturer's che	ecklist for set up and use o	f the equipment a	llways utilize	ed?	Yes _	No	

14. Do you rent any of your amusement devices or rides without operators/attendants? If yes, what percentage is without operators/attendants? %	Yes _	No
15. Are the inflatable devices tethered or secured while in use? If yes, is the tethering protected to prevent customer injury from running into it, tripping or	Yes _	No
falling over it?	Yes	No
16. Do you inspect the equipment after each use? If yes, how long do you maintain records of the inspections?	Yes	No
17. Are the rules for use and age, height and capacity requirements clearly posted?	Yes	No

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature	Date
Agent's Signature	Date