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|  | James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230 | Family Entertainment Center Supplemental Application |
| | | EXCESS CASUALTY Division Email to XC@jamesriverins.com or, Fax to 804-420-1054 |
| APPLICANT'S INSTRUCTIONS: <ol style="list-style-type: none"> 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded. 2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage. 3. Please read the statements at the end of this application carefully. Thank you! | | |

FAMILY ENTERTAINMENT CENTER SUPPLEMENTAL APPLICATION

Applicant Name: _____

Total Gross Receipts: _____ # Annual Admissions: _____

Hours of Operation: _____ Park Capacity: _____

Describe Parking Facilities & Lighting: _____

Describe Security (armed/unarmed): _____

Is Security present during open hours? Yes No Closed Hours? Yes No

Employees or Subcontracted out employees? (list subcontractor) _____
 (attach certificate) Employees _____

Do you provide Baby-sitting/Day Care? Yes No Child to Attendant Ratio: _____

Please Explain Service:

Describe First Aid Facilities: _____

Number of employees Certified in CPR: _____

Minimum number of CPR Trained Employees on duty at any time: _____

Distance to Fire Department/Response Time: _____

Closest Fire Hydrant: _____ feet Number of Extinguishers on premises: _____

Smoke/Fire Alarm Types (local/central Station): _____

Distance to Ambulance/Response Time: _____

Emergency Lighting: Yes No

Physical Security (alarms/dead bolts/fencing, etc.): _____

Do you host special events such as concerts or fireworks displays? Yes No
 (If yes, please fill out Special Events Supplemental application & attach)

List all the rides/attractions/areas at your park and the number of units applicable:
(#karts/holes/games/etc.)

| ATTRACTION AREA | # UNITS | RECEIPTS |
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Frequency of attraction self-inspection: _____ Documented Yes No
Instructional signage posted for each attraction: _____

ATTRACTION INFORMATION:

ARCADES

of Units _____ Receipts: _____ # of Attendants: _____
Does the Insured own or lease games? _____
Who provides service/maintenance on machines? _____
Type of Floor Covering: _____
Are all machines properly grounded? Yes No

BATTING CAGES

of Units _____ Receipts: _____ # of Attendants: _____
Manufacturer: _____ Oldest Unit: _____
Minimum Age: _____ # of participants allowed in cage at one time: _____
Are Helmets required? Yes No Are cages completely closed? Yes No
Are areas clearly marked for right or left handed batters? Yes No
Are Home plates clearly marked? Yes No
Can participants alter settings on the pitching machines? Yes No
Maximum speed for ages Under 12? _____ Maximum speed for ages Over 12? _____

BILLIARDS

of Units _____ Receipts: _____ # of Attendants: _____
Manufacturer: _____ Oldest Unit: _____
Coin operated or Rent: _____ Floor Surface: _____
Tournaments? Yes No

BUMPER BOATS

of Units _____ Receipts: _____ # of Attendants: _____
Manufacturer: _____ Oldest Unit: _____
Age/Height Requirements: _____
Depth of Water? _____ Depth marked on side of pool? Yes No
Colored dye in water? Yes No
Height of observation fence: _____ How are propellers protected? _____
Amount of gas on premises: _____ How is it stored? _____
Number of Attendants CPR Certified: _____ First Aid Certified: _____
Where are boats refueled: _____

BUMPER CARS

of Units _____ Receipts: _____ # of Attendants: _____
Manufacturer: _____ Oldest Unit: _____
Age/Height Requirements: _____
Are cars equipped with a dash pad & headrest pad? Yes No
Are Seat belts required? Yes No If no, please explain:

How is public restricted from floor area while cars are in motion?

CONCESSIONS

of Stands _____ Receipts: _____ Square footage: _____
Described goods sold: _____
Are food operations handled by insured or subcontractor? _____
(If subcontractor, attach certificate)
Is there a grill? Yes No Is there a deep fryer? Yes No
Is there an automatic Ansul system protecting cooking/frying surfaces? Yes No
Hoods/ducts cleaned by contractor?: Yes No Monthly Quarterly (In House)

GOLF DRIVING RANGES

of Stalls: _____ Receipts: _____ # of Attendants: _____

Are Restricted areas marked? Yes No

Describe partitions between tee boxes: _____

Levels: _____ Other attractions exposed to range: _____

GO KARTS

Single Karts: _____ # Double Karts: _____ # Tracks _____ Receipts: _____

Attendants: _____ # Extinguishers/Type: _____

Where are attendants & extinguishers/ located? (please attach diagram & mark placement)

Age/Height Requirements: _____

Maximum speed of karts: _____ Are governors installed? Yes No

Maximum number of karts on track at one time? _____

Manufacturer: _____ Oldest Unit: _____

Are seat belts required? Yes No If no, please explain:

Are helmets required? Yes No Roll bars? Yes No Bumper Guards? Yes No

Describe Remote Control device for shut down: _____

Is double riding allowed? Yes No

Is there a headrest support? Yes No

Type of track surface: _____

Describe Guardrail protection? _____

Amount of Gas on premises: _____ How stored: _____

KIDDIE RIDES

of Units: _____ Receipts: _____ # of Attendants: _____

Are all rides in full compliance with ASTM-24 Standards? Yes No Rides not altered

Schedule: (Indicate if coin-operated)

| NAME OF RIDE | MANUFACTURER | SERIAL # |
|--------------|--------------|----------|
|--------------|--------------|----------|

MINIATURE GOLF

Total # of Holes: _____ # of Courses: _____ Receipts: _____ # of Attendants: _____

Manufacturer: _____ Oldest Unit: _____

Are walkways marked and lighted? Yes No

What is the surface of the walkway: _____

Number of course structures equipped with moving parts: _____

Is access by public limited? Yes No

Are lights covered and protected? Yes No Are ground fault interrupters in place? Yes No

SOFT PLAY/BALL CRAWL

Manufacturer: _____ Oldest Unit: _____

How is equipment anchored? _____

Type of floor covering: _____

Number of employees supervising play area: _____

Is there a set ratio for attendants to children? Yes No

Will each attraction be supervised by an attendant? Yes No

How often are maintenance inspections done? _____

Is Insured allowed to deviate from manufacturer's recommendations for assembly? Yes No

PARTIES

Receipts: _____ Attendants: _____

Number of parties per week/month: _____ Activities: _____

What are they held in: _____

How many exit doors in room? _____ Average number of patrons: _____

Maximum number of patrons: _____ Are there age restrictions? Yes No

Explain who supervises: _____

LASER TAG

Receipts: _____ Square Footage: _____ How many levels? _____

Inflatable: Yes No How many people per session?: _____

How many minutes per game?: _____ How many employees on duty per session?: _____

How many exits?: _____ Emergency exits and lighting check daily?: Yes No
(including emergency exits)

Describe venue:

Individual Play?: Yes No Team Play?: Yes No

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Signature:

Producer's Signature (if applicable):

Applicant's Name (print):

Producer's Name (print):

Date (MM/DD/YY):

Date (MM/DD/YY):
