



Governor Insurance Agency, Inc.  
972 Youngstown-Kingsville Rd. SE  
Vienna, OH 44473  
333.539.9999 • 1.800.843.5522  
info@governorins.com

## Family Entertainment Center / Sports Facility Request for Quotation

Please complete the following application. Once the application is received, a quotation will be sent within one business day. As activities vary, some questions may not be applicable. Please indicate N/A where necessary.

### GENERAL INFORMATION

1. Facility Name \_\_\_\_\_
2. Facility Address \_\_\_\_\_  
Street City State Zip
3. Mailing Address \_\_\_\_\_  
Street City State Zip
4. Contact Person \_\_\_\_\_
5. Telephone \_\_\_\_\_ Fax \_\_\_\_\_
6. Website Address \_\_\_\_\_
7. Date of Formation \_\_\_\_\_  
Person responsible for general operation of activities \_\_\_\_\_  
Years of experience and type of experience \_\_\_\_\_
8. How do you wish to receive your quotation?  
 Via Fax \_\_\_\_\_  
 Via Email \_\_\_\_\_  
 Via U.S. Mail
9. Annual Gross Receipts: \_\_\_\_\_
10. Square Footage of Facility: \_\_\_\_\_



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## UNDERWRITING INFORMATION

Check all application activities and provide requested information.

**Attendant Operated Mechanical Rides**

Name and Description of Rides: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

**Batting Cages**

Number of Cages and Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

**Bowling**

Number and Description of Lanes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

**Bumper Cars**

Number and Description of Cars: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

**Coin Operated Mechanical Rides**

Name and Description of Rides: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_



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**Driving Range**

Number of Stalls and Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

**Food Operations / Concession Stands**

Is Food Prepared on Premises: \_\_\_\_\_

Description of Food: \_\_\_\_\_  
\_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

**Inflatable Rentals (With Operators)**

Name and Description of Inflatables: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

**Inflatable Rentals (Without Operators)**

Name and Description of Inflatables: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

**Go Kart Rides**

Name and Description of Rides: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_



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**Laser Tag**

Description of Area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

**Miniature Golf**

Number of Holes and Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

**Roller Skating Rinks**

Description of Rink: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

**Other Activities**

Description of Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

**INSURANCE INFORMATION**

Current Liability Limit \_\_\_\_\_ Excess/Umbrella Liability Limit \_\_\_\_\_

Current Insurance Company \_\_\_\_\_

Current Expiring Premium \_\_\_\_\_

Has Prior Insurance Ever Been Cancelled / Non-Renewed? \_\_\_\_\_



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## GENERAL QUESTIONS

- Yes  No Are rules posted conspicuously and enforced at all times?
- Yes  No Are participants required to wear safety equipment during play?
- Yes  No Are participants required to sign a Waiver & Release of Liability?
- Yes  No Are copies of the Waiver & Release of Liability kept on file?
- Yes  No Do you currently have a risk management plan?
- Yes  No Are the referees or coaches employees of your organization?
- Yes  No Are parking lots well lit and patrolled?
- Yes  No Are facility/playing field inspections and maintenance performed?
- Yes  No Is a log kept of inspections and maintenance performed?
- Yes  No Are written emergency procedures in place? (attach copy)
- Yes  No Does the facility rent or repair sports equipment?
- Yes  No Is the facility locked so that patrons cannot use it when closed?
- Yes  No Are there construction operations on site?
- Yes  No Do you provide childcare on site?

### Please provide copies of:

**A. Rental Agreement including Hold Harmless Provision (if applicable)**

**B. Waiver & Release of Liability (if applicable)**

**C. Rules and Regulations**

**D. Loss Runs for the past 5 years (if applicable)**

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage. It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted.

Signature of Facility Representative: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Agent Name & License Number: \_\_\_\_\_

Agent Telephone Number: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Agency Email Address: \_\_\_\_\_