

Recreational Equipment Liability Supplemental Application

Named Insured: _____ Date: _____

Contact Name: _____

Form of Business: Corporation Partnership Sole Proprietor Other

Mailing Address: _____ Phone: (____) ____-____

City: _____ State: _____ Zip: _____

Email Address: _____ Fax: (____) ____-____

Internet Address (web page): _____

Location Address: _____

City: _____ State: _____ Zip: _____

Is this an off-premise rental business? Yes No If No, please describe: _____

Desired Effective Date: _____ Is this a new business? Yes No

Detailed description of business activities (use blank sheet or paper if additional space is required): _____

Date business started: _____ Years experience in this industry: _____

Any training or certifications? Yes No Explain/describe: _____

Do you provide instruction? Yes No Explain/describe: _____

Do you currently have a general liability policy(ies)? Yes No

If yes, who is your current insurance carrier? _____

Provide Declarations Page (usually the first page of your policy)

What was your expiring premium? \$ _____ Dates of Policy Period: From ____/____/____
To ____/____/____

Provide Loss Runs (Claims History) from your current insurance carrier.

Please provide details of any incurred losses over the past three (3) years: _____

Quaker Special Risk
P.O. Box 1350
Eatontown, New Jersey 07724
Phone: (732) 223-6666
Fax: (732) 223-9072

Does the applicant have any animal rides or animal exposures? Yes No If Yes, please describe/explain: _____

For amusement rides, describe the height and type of fencing required for spectator safety: _____

Do units/rides have signs marking age, height, and size limitations? Yes No Please explain limitations: _____

Are all units/rides inspected? Yes No If Yes, please provide details of the Inspection Process, including who completes the inspection, the frequency of the inspections, and if inspection/maintenance logs are maintained: _____

What are your estimated annual sales? \$ _____

Please describe the nature of the adult supervision provided while any ride or device is in use: _____

Does applicant set up own devices? Yes No Does applicant stay in attendance while in operation? Yes No
If No, is a Waiver/Release Of Liability used? Yes No

If this is a rental business, it is a condition of coverage that a copy of the Rental Agreement and/or Release Of Liability form be submitted with this application. No coverage will be provided unless this condition is met.

List states in which applicant operates: _____

Total number of employees: _____ Are employees leased? Yes No Annual Payroll: \$ _____

Does applicant have a training program? Yes No

Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for Insurance containing any false information or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent act, which is a crime.

Applicant's Signature/Title

FEIN# or Soc. Sec. #

Date

Agency/Producer Signature

Date

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