

**Mini Golf • Family Fun Parks • Driving Ranges • Bowling**

**Fairway Underwriters, Inc.**

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**GENERAL INFO**

1. Named Insured: \_\_\_\_\_
2. Mailing Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_
3. Location of Facility: (check if same as mailing address   
If Different: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_
4. Fed. ID #: \_\_\_\_\_ Website: \_\_\_\_\_ Email: \_\_\_\_\_
5. Facility Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_
6. Contact for Inspection: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
7. Applicant is: Owner  Lessee  Corp.  Partnership  Individual  LLC  Other
8. If a Franchise, Name of Franchisor: \_\_\_\_\_  
Street or PO Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_
9. How many years experience (in this business) does the owner/operator have? \_\_\_\_\_
10. Months of Operation: \_\_\_\_\_ to \_\_\_\_\_ Or, year round  Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_
11. Number of days open per week: \_\_\_\_\_ Fewest number of attendants on duty when open: \_\_\_\_\_
12. State any additional insureds required and their relationship to your operation. Use reverse side if needed.  
\_\_\_\_\_  
\_\_\_\_\_
13. Proposed Effective Date: \_\_\_\_\_

**PRIOR/CURRENT POLICY INFO**

1. Has a policy covering this business ever been cancelled or non-renewed? Yes  No  If Yes, why?  
\_\_\_\_\_

Use reverse side if needed.

2. Describe any Accidents or Claims for Damage over \$500 (whether or not insured) in the past 5 years.  
\_\_\_\_\_

Use reverse side if needed.

	<b>INSURANCE CO.</b>	<b>DEDUCTIBLE</b>	<b>PREMIUM</b>
<b>Expiring</b>	_____	_____	_____
<b>1<sup>st</sup> Prior</b>	_____	_____	_____
<b>2<sup>nd</sup> Prior</b>	_____	_____	_____

The completion of this application is neither an order for coverage nor does it bind any underwriter to provide coverage. Only when a proposal of coverage and price is accepted by the insured and the underwriter receives the premium payment will coverage be considered in effect. Coverage is always subject to a favorable loss control inspection.

**UNDERWRITING INFO**

1. What is this facility? (Check all that apply) Mini Golf Course  Batting Cages  Arcade   
 Bumper Boats  Amusement Park  Water Park  Skateboard Park  Go Kart Track   
 Driving Range  Par 3/Pitch&Putt  Food/Beverage Stand  Zip Lines   
 Other (please describe): \_\_\_\_\_

Use reverse side if needed.

2. Are rules to facility posted? Yes  No  3. Are walkways/lot lighted at night? Yes  No   
 4. For multi level facilities, highest point from ground level: \_\_\_\_\_ Number of levels (stories) \_\_\_\_\_  
 5. Any live animals? Yes  No  If yes, explain: \_\_\_\_\_  
 6. Is facility fenced or netting provided? Yes  No  7. Are walkways non-slip? Yes  No   
 8. Is any cooking done on premises? Yes  No  Cooking equipment (check all that apply):  
 Oven Yes  No  Deep Fat Fryer Yes  No  Grill Yes  No  Microwave Yes  No

**GL RATING INFO**

**PROJECTED ANNUAL RECEIPTS**

**Amusement Activities**

\_\_\_\_\_

**Food and Beverage**

\_\_\_\_\_

**Liquor, Wine, Beer**

\_\_\_\_\_

**Other Explain:** \_\_\_\_\_

\_\_\_\_\_

*All underlying Premises Ops quotations will be for \$1,000,000/\$2,000,000*

**PROPERTY RATING INFO**

	<u>LIMIT</u>	<u>CONSTRUCTION.</u>
<b>Building #1</b>	\$ _____	_____
<b>Contents Building #1</b>	\$ _____	_____
<b>Building #2</b>	\$ _____	_____
<b>Contents Building #2</b>	\$ _____	_____
<b>Value of all other BPP and IM</b>	\$ _____	

Use reverse side if more space is need

**Protective Safeguards (check all that apply):**

- Sprinkler System  UL 300 Compliant Fire Suppression System  Local Smoke Detectors   
 Central Station Fire Alarm  Local Burglar Alarm  Central Station Burglar Alarm   
 Security Cameras  Other  \_\_\_\_\_

All Property is subject to a \$1,000 deductible per loss and a minimum 80% co-insurance requirement.

THE UNDERSIGNED CERTIFIES THAT THE ANSWERS HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE. SIGNING OF THE APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF A CONTRACT SHOULD A POLICY BE ISSUED.

**NOTICE TO NEW YORK APPLICANTS:** “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 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 \$5,000.00 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

**NOTICE TO OHIO APPLICANTS:** “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

**NOTICE TO KENTUCKY APPLICANTS:** “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.”

**NOTICE TO PENNSYLVANIA APPLICANTS:** “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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

**NOTICE TO NEW JERSEY APPLICANTS:** “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

**NOTICE TO FLORIDA APPLICANTS:** “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 OF THE THIRD DEGREE.

APPLICANT		TITLE		DATE
AGENT		DATE		
AGENCY		STREET or PO BOX		
CITY	STATE	ZIP	PHONE	EMAIL

AGENTS: A completed and returned BROKERAGE AGREEMENT must be on file prior to binding coverage for your agency.