

Mechanical Bull Supplemental Application



AmTrust E&S Insurance Services
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Section II – Physical Description

1. Does device have an emergency shut-off? Yes No
2. Is the unit equipped with variable speed controls? Yes No
3. Are employees trained in proper operation and safety? Yes No
4. Is there a minimum ceiling clearance of 12 feet or more? Yes No
5. Is there a minimum area fence clearance of two feet or more? Yes No
6. Is there minimum floor padding of 18 inches or more?
 - a. Covering consists of high-density foam (canvas or other material to provide smooth surface) Yes No
 - b. Covering consists of canvas air mattress Yes No
7. Is the base of the unit completely covered with padding? Yes No
Other: _____
8. You **MUST** provide us with a copy of the **Waiver of Liability/Rider Release form** for our review. This release must include a hold harmless agreement and outline all terms and conditions under which the participant agrees to follow. Bilingual language (English/Spanish) is preferred.
 - a. Do you check Photo ID to verify the rider's identity and age? Yes No
 - b. Are waivers signed in the presence of an employee? Yes No
 - c. Does employee verbally ask the individual about pre-existing injuries? Yes No
 - d. Do you require riders under 18 years to wear a helmet? Yes No
9. Please provide a complete list of venues in which you operate the ride. **(Please check all that apply.)**
 - a. Bars or Taverns Yes No
 - b. Special Events Yes No
 - c. Private Parties Yes No
 - d. Rodeo Circuit Yes No
 - e. Fairgrounds or similar exposures Yes No
 - f. Other: _____ Yes No
10. Are signs clearly posted in a conspicuous location Yes No
Signs **MUST** state and include language pertaining to the following restrictions.
Bilingual warnings are preferred (English/Spanish). **Please provide photograph of signs containing messaging for review.**
 - a. Participants are required to sign a waiver of liability before participating in any event or activity True False
 - b. No one under the age of 18 rides without the presence of a parent or legal guardian True False
 - c. Waiver of liability must be signed in order to participate True False

Section II – Physical Description (continued)

- d. Rider is participating at his/her own risk, and the operator is not liable for any accident or injury to any person regardless of how caused. True False
- e. Individuals with pre-existing conditions, back, leg, neck or arm injuries, and those who are pregnant, are not permitted to ride. True False
- f. Employees are not responsible for determining the physical ability of the participant. Riders do so at their own risk True False
- g. Participants may request that the ride be stopped at any time True False

11. Are all attendants, supervisors or monitors at least 19 years of age? Yes No

If NO, please explain:

12. Number of attendants supervising the unit at any one time: _____

13. Are all rules and regulations strictly enforced? Yes No

14. Are employees instructed to enforce all rules and regulations, even if it means ejection of a participant from the ride or refusal of services? Yes No

15. Please provide a breakdown in your gross receipts for the following. If separate records are not kept, please include all sales in the ride receipts.

a. Ride receipts: \$ _____

b. Photo or videotape: \$ _____

c. Souvenirs: \$ _____

d. Clothing or similar items: \$ _____

16. Any other amusement rides or devices operated on the premises? Yes No

If YES, please explain:

17. Diagram of Premises – Required

Please attach a diagram of the setup. Include: spectator area, distance to surrounding exposures (e.g. fencing, walls or obstructions). Also include the location of the unit within the confined area.

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

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

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY