



Entertainment Device General Liability Application REV2.19.2024

This application MUST include a copy of the Waiver of Liability / Rider Release form used. Such form MUST include a hold harmless agreement in favor of both ride owner and operator as well as outline all terms and conditions the participant agrees to follow. Bilingual is preferred (English / Spanish)

GENERAL BUSINESS INFORMATION:

NAME OF INSURED: _____

PHYSICAL ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE NUMBER: _____ CONTACT PERSON: _____

CONTACT EMAIL ADDRESS: _____ WEBSITE ADDRESS: _____

TYPE OF BUSINESS: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ OTHER _____

OF YEARS IN BUSINESS: _____ # OF DEVICES: _____ # OF EMPLOYED OPERATORS: _____ FULL TIME: _____ PART TIME: _____

NAMES OF ALL OPERATORS: _____

ARE ALL OPERATORS OVER THE AGE OF 18: ☐ YES ☐ NO

ANNUAL PAYROLL: \$ _____ ANNUAL GROSS REVENUES: \$ _____

IF INDEPENDENT CONTRACTORS ARE USED TO OPERATE, ESTIMATED COST FOR CONTRACTORS LABOR: \$ _____

CURRENT INSURANCE INFORMATION (IF APPLICABLE PLEASE PROVIDE 5 YEARS OF LOSS RUNS):

1. GENERAL LIABILITY INSURANCE COMPANY NAME: _____

a. EXPIRATION DATE: _____ PREMIUM: _____ LIMITS: _____

2. HAVE YOU HAD AN CLAIMS ON YOUR ENTERTAINMENT EQUIPMENT WITH IN THE PAST 5 YEARS: ☐ YES ☐ NO

a. IF YES, PLEASE EXPLAIN THE DETAILS OF THE CLAIM(S): _____

3. TO YOUR KNOWLEDGE, ARE THER ANY INDIVIDUAL(S) WHO HAVE BEEN INJURED ON YOUR EQUIPMENT AND RECEIVED MEDICAL

ATTENTION **WITHOUT** FILING A CLAIM: ☐ YES ☐ NO

a. IF YES, PLEASE EXPLAIN THE DETAIL OF THE SITUATION: _____

OPERATION OF ENTERTAINMENT EQUIPMENT / DEVICE(S) IS:

☐ FIXED SITE ONLY – PROVIDE COMPLETE ADDRESS: _____

☐ MOBILE – LIST ALL STATES WHERE MOBILE DEVICES ARE OPERATION: _____

(LIST ALL DEVICE(S) INDIVIDUALLY BY NAME ON PAGE 3)

NUMBER OF LOCATIONS BEING INSURED: _____

a. OTHER LOCATION ADDRESSES (LIST ALL):

PLEASE PROVIDE A BREAKDOWN OF ESTIMATED ANNUAL SALES FOR THE FOLLOWING CATEGORIES:

(Large equipment (bulls, ziplines, rock walls, or other mechanical devices) must be scheduled with serial numbers – SEE SECOND TABLE BELOW)

TYPE OF ACCOUNT / EQUIPMENT:	REVENUES FOR EACH OF THE FOLLOWING (AS APPLICABLE):	CONFIRM IF EQUIPMENT IS EVER RENTED OUT AND LEFT UNATTENDED?
Agritainment		<input type="checkbox"/> YES <input type="checkbox"/> NO
Axe Throwing		<input type="checkbox"/> YES <input type="checkbox"/> NO
Euro bungee		<input type="checkbox"/> YES <input type="checkbox"/> NO
Family entertainment center		<input type="checkbox"/> YES <input type="checkbox"/> NO
Ice rink/winter activities		<input type="checkbox"/> YES <input type="checkbox"/> NO
Inflatables – Static (e.g. bounce houses, inflatable slides)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Inflatables with mechanical and/or moving parts (e.g. obstacle course, meltdown rides)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Knockerball		<input type="checkbox"/> YES <input type="checkbox"/> NO
Mechanical bulls		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the made in the USA?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Pedal pubs		<input type="checkbox"/> YES <input type="checkbox"/> NO
Rock Walls		<input type="checkbox"/> YES <input type="checkbox"/> NO
Ropes Course		<input type="checkbox"/> YES <input type="checkbox"/> NO
Skate parks		<input type="checkbox"/> YES <input type="checkbox"/> NO
Slides		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any slides over 20 feet high?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Trackless trains		<input type="checkbox"/> YES <input type="checkbox"/> NO
Ziplines		<input type="checkbox"/> YES <input type="checkbox"/> NO
Zippy Pets		<input type="checkbox"/> YES <input type="checkbox"/> NO
Water related items (including water slides, inflatable water devices and pools)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Concessions: Tents, tables, chairs		<input type="checkbox"/> YES <input type="checkbox"/> NO
Games / Arcade Games		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO



SCHEDULE OF DEVICES- FOR BULLS MUST INCLUDE MAKE, MODEL AND SERIAL NUMBER:

[illegible]

Office : (412) 325-1650
Text : (412) 212-8577
Email : jonathan@kelins.com

**700 River Avenue Suite 433
Pittsburgh, PA 15212**

EQUIPMENT SET UP:

1. IS EQUIPMENT EVER LEFT UNATTENDED WHILE BEING SET UP AT AN EVENT: ☐ YES ☐ NO
 - a. IF YES, PLEASE EXPLAIN: _____
 - b. TYPE OF EVENT: _____

2. IS EQUIPMENT EVER LEFT UNATTENDED OVER NIGHT: ☐ YES ☐ NO
 - a. IF YES, PLEASE EXPLAIN HOW EQUIPMENT IS SECURED:

 - b. TYPE OF EVENT: _____

3. IS EQUIPMENT EVER LEFT UNATTENDED DURING AN EVENT: ☐ YES ☐ NO
 - a. IF YES, PLEASE EXPLAIN HOW EQUIPMENT IS SECURED:

 - b. TYPE OF EVENT: _____

4. WOULD AN EVENT REQUIRE ANYONE OTHER THEN YOUR EMPLOYEE TO MONITOR EQUIPMENT / ENSURE ALL SAFETY MEASURES
a. ARE BEING FOLLOWED: ☐ YES ☐ NO
 - b. IF YES, PLEASE EXPLAIN: _____
 - c. TYPE OF EVENT: _____

5. DOES THE CUSTOMER EVER PICK UP THE RENTAL EQUIPMENT: ☐ YES ☐ NO
 - d. IF YES, PLEASE EXPLAIN: _____
 - e. TYPE OF EVENT: _____

6. DO YOU EVER ALLOW FREE RIDES/FREE AXE THROWING/USE OF ANY EQUIPMENT: ☐ YES ☐ NO
 - f. IF YES, EXPLAIN UNDER WHAT CIRCUMSTANCES: _____

 - g. APPROXIMATLEY HOW MANY FREE RIDES PER YEAR: _____

7. DESCRIBE YOUR PROCESS FOR MONITORING THE WEATHER AND PLACING A STOP TO RIDES DUE TO INCLEMENT WEATHER: _____

OPERATIONAL RELATED SAFETY:

1. DATE OF LAST EQUIPMENT INSPECTION (MONTH & DAY): _____
 - a. NAME OF INSPECTOR: _____



2. ARE ALL RIDE OPERATORS OVER THE AGE OF 18 YEARS OLD: ☐ YES ☐ NO
3. NUMBER OF RIDE OPERATORS SUPERVISING THE USE OF EQUIPMENT AT ANY ONE TIME: _____
4. ARE RIDE OPERATORS TRAINED TO STRICTLY ENFORCE ALL RULES / REGULATIONS EVEN IF IT MEANS STOPPING A RIDE EARLY OR REFUSING A RIDE TO A CUSTOMER: ☐ YES ☐ NO
5. DO YOUR OPERATORS HAVE A COPY OF THE MANUFACTURES MANUAL:
- a. DESCRIBING PROPER OPERATION OF EQUIPMENT ☐ YES ☐ NO
 - b. WITH SCHEDULE OF ROUTINE INSPECTIONS ☐ YES ☐ NO
 - c. WITH SCHEDULE OF REQUIRED MAINTENANCE ☐ YES ☐ NO
 - d. WITH DETAILED TEST PROCEDURES ON EQUIPMENT ☐ YES ☐ NO
 - e. DESCRIBING HOW TO DETERMINE PRODUCT WEAR ☐ YES ☐ NO
6. WHAT IS THE MINIMUM AGE AND WEIGHT REQUIREMENTS YOU MANDATE FOR ANY RIDER: _____

PARTICIPANT LIABILITY:

1. ARE PARTICIPANT WARNINGS POSTED IN A CONSPICUOUS PLACE FOR ALL PARTICIPANTS TO REVIEW (IN ENGLISH & SPANISH): ☐ YES ☐ NO
2. ARE PARTICIPANT OVER 18 YEARS OLD REQUIRED TO SIGN A WAIVER OF LIABILITY BEFORE ANY ENTERTAINMENT EQUIPMENT IS USED/RIDE GIVEN: ☐ YES ☐ NO
3. ARE PARENTS/LEGAL GUARDIANS REQUIRED TO SIGN A WAIVER OF LIABILITY BEFORE ANY ENTERTAINMENT EQUIPMENT IS USED / RIDE IS GIVEN TO SOMEONE UNDER THE AGE OF 18 YEARS OLD: ☐ YES ☐ NO
4. DOES THE ENTERTAINMENT OPERATOR CHECK PHOTO ID TO VERIFY THE AGE OF THE PARTICIPANT: ☐ YES ☐ NO
5. ARE PARTICIPANTS MADE AWARE THEY ARE USING EQUIPMENT / RIDING AT THEIR OWN RISK, NEITHER ENTERTAINMENT/ RIDE OPERATOR NOR ENTERTAINMENT / RIDE OWNER IS RESPONSIBLE FOR ANY ACCIDENT OR INJURY THAT COULD OCCUR: ☐ YES ☐ NO
6. DOES THE ENTERTAINMENT / RIDE OPERATOR VERBALLY ASK PARTICIPANTS IF THEY HAVE ANY PRE-EXISTING CONDITIONS: ☐ YES ☐ NO
- a. IF YES, ARE THE PARTICIPANTS REFUSED: ☐ YES ☐ NO
 - i. INDIVIDUALS WITH PRE-EXISTING CONDITIONS OR ANY CURRENT INJURY (SUCH AS BACK, NECK, LEG OR ARM) ARE **NOT** PERMITTED ON RIDES. IT IS **NOT** THE RESPONSIBILITY OF THE ENTERTAINMENT / RIDER OPERATOR TO DETERMINE THE PHYSICAL CONDITION OR ABILITY OF ANY RIDER
7. ARE PARTICIPANTS AWARE THAT THEY MAY REQUEST THE RIDE(S) TO BE STOPPED AT ANY TIME: ☐ YES ☐ NO
8. DOES THE ENTERTAINMENT OPERATOR /ATTENDING EMPLOYEE CHECK PHOTO ID TO VERIFY PARTICIPANT AGE: ☐ YES ☐ NO
9. ARE PARTICIPANT WAIVERS SIGNED IN THE PRESENCE OF THE OPERATOR / ATTENDING EMPLOYEE: ☐ YES ☐ NO

INITIAL HERE _____ TO CONFIRM THE **ALL WAIVERS ARE STORED PERMANENTLY**. THIS IS A **REQUIREMENT** TO PARTICIPATE IN THIS INSURANCE PROGRAM. ****** FAILURE TO COMPLY WITH THIS REQUIREMENT MAY VOID YOUR INSURANCE COVERAGE******



- a. DESCRIBE WHERE WAIVERS STORED:

GENERAL COMPANY PROCEDURES / POLICIES:

1. WHAT ARE YOUR PROCEDURES FOR SERVING ALCOHOL / HAVING ALCOHOL ON PREMISES: _____

2. WHAT IS YOUR PROCEDURE FOR HANDLING AN INTOXICATED INDIVIDUAL: _____

- a. ARE ANY STAFF LICENSED OR TRAINED TO SERVE ALCOHOL: ☐ YES ☐ NO
- b. IS ALCOHOL SERVED PRIOR TO OR DURING RIDE / OTHER EQUIPMENT PARTICIPATION: ☐ YES ☐ NO
3. WHAT ARE YOUR PROCEDURES FOR BACHELOR / BACHELORETTE PARTIES: _____

4. DO YOU HAVE SECURITY ON PREMISES: ☐ YES ☐ NO
- a. IF YES, PLEASE DESCRIBE _____
- b. DO YOU EVER ENTER INTO ANY AGREEMENTS WITH POLICE, MUNICIPALITIES OR PRIVATE VENDORS WHERE SECURITY IS PROVIDED: ☐ YES ☐ NO
5. WHAT ARE YOUR HOURS OF OPERATION: _____
6. IS CCTV IN PLACE COVERING ALL AREAS OF ACTIVITIY? ☐ YES ☐ NO
- a. IF YES, ARE THE VIDEOS HELD ON FILE FOR A MINIMUM OF 30 DAYS? ☐ YES ☐ NO
- b. IF NO, PLEASE EXPLAIN: _____

FOR MECHANICAL BULLS ONLY:

7. IS THE BULL ELECTRIC: ☐ YES ☐ NO
8. DOES EACH BULL HAVE AN EMERGENCY SHUT OFF: ☐ YES ☐ NO
9. IS EACH BULL EQUIPPED WITH VARIABLE SPEED CONTROLS: ☐ YES ☐ NO
10. DOES EACH BULL HAVE SOFT HORNS: ☐ YES ☐ NO
11. DOES THE BULL HAVE A PADDED HEAD: ☐ YES ☐ NO
12. MINIMUM FENCED RADIUS OF 10 FEET AROUND THE BULL: ☐ YES ☐ NO
13. DOES THE BULL HAVE ENCLOSED INFLATABLE ARENA WITH A MINIMUM OF 16 INCH INFLATABLE LANDING: ☐ YES ☐ NO
14. MINIMUM CEILING CLEARANCE OF 12 FEET OVERHEAD OF THE BULL: ☐ YES ☐ NO
15. IS THE BASE UNIT COMPLETELY COVERED WITH PADDING: ☐ YES ☐ NO
16. LIST OF VENUES WHERE THE RIDE WILL BE OPERATED:
- ☐ BARS/TAVERNS ☐ PRIVATE PARTIES ☐ RODEOS ☐ CARNIVALS / FAIRS ☐ MECHANICAL BULL RIDING COMPETITIONS
- ☐ OTHER, PLEASE LIST: _____



17. WILL THE BULL BE SET UP IN BARS?

☐ YES ☐ NO

a. IF YES, LIST THE NAME AND ADDRESS OF THE BAR:

FOR AXE THROWING ONLY:

18. CONFIRM SEPERATED AISLE/LANES IN THE PREMISE AND THAT PARTICIPANTS WILL BE UNABLE TO MOVE BETWEEN TARGETS AND THROWERS: ☐ YES ☐ NO

19. CONFIRM NO DROP OFF AND PICK UP OF MINORS (UNDER 18 YEARS OF AGE): ☐ YES ☐ NO

20. DO YOU HAVE ARMED SECURITY: ☐ YES ☐ NO

21. DO YOU HAVE LIVE MUSIC: ☐ YES ☐ NO

22. IS ALCOHOL BEING SERVED: ☐ YES ☐ NO

a. IF YES, WHAT PERCENTAGE OF REVENUE IS FROM ALCOHOL SALES: ☐ YES ☐ NO

23. ARE ALL STAFF **TIPS** TRAINED AND LICENSED SERVERS: ☐ YES ☐ NO

24. CONFIRM DRINK LIMIT IS ONE PRIOR TO AXE THROWING AND NO MORE THAN TWO DRINKS PER HOUR: ☐ YES ☐ NO

a. 3 DRINKS MAX ARE ALLOWED DURING VISIT

25. IF REQUESTING ADDITIONAL LIQUOR LIABILITY, PLEASE PROVIDE A COPY OF YOUR LIQUOR LICENSE.

a. PLEASE NOTE- AN ADDITIONAL APPLICATION WILL BE NEEDED

i. LIQUOR LIABILITY IS ALL SUBJECT TO APPROVAL

DIAGRAM OF MECHANICAL RIDE SET-UP:

PROVIDE A DIAGRAM OF THE OPERATIONAL AREA TO INCLUDE PLACEMENT OF MECHANICAL RIDE, AREA OF PADDING AND LOCATION OF FENCING OR OTHER BARRIERS. ALSO INCLUDE DISTANCE TO SPECTATOR AREA, WALL OR ANY OTHER OBSTRUCTIONS:



WITH THIS APPLICATION PLEASE ALSO PROVIDE COPIES OF:

1. RIDER / PARTICIPANT WAIVER
2. CLIENT RENTAL AGREEMENT
3. INVENTORY OF EQUIPMENT IF SCHEDULE ON PAGE 6 IS NOT FILLED OUT
4. PICTURES OF EQUIPMENT (IF APPLICABLE, THIS MAY BE REQUESTED PRIOR TO QUOTING)
5. LOSS RUNS FOR THE PAST 5 YEARS
6. SAFETY RULES/REGULATION
7. SIGNED PROTOCOLS IF APPLICABLE (FOR BULL, AXE AND ZIPLINE)

NO SIGNATURE NEEDED TO JUST GET A QUOTE

SIGNATURE OF NAMED INSURED / PRINCIPAL

DATE

DISCLAIMER: COMPLETION OF THIS APPLICATION AND ITS REVIEW BY ANY INSURANCE COMPANY DOES NOT GUARANTEE ANY OFFICER OF INSURANCE WILL BE MADE.

FRAUDULENT PRACTICES:

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.

DISCLAIMER:

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE NAMED INSURED PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE INSURER AND ITS APPOINTED REPRESENTATIVES ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT MUST NOTIFY THE INSURER OR ITS APPOINTED REPRESENTATIVES WHO MAY MODIFY OR WITHDRAW ANY QUOTATION.

THE INFORMATION CONTAINED AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER AND ITS APPOINTED REPRESENTATIVES AND, ALONG WITH THE APPLICATION, IS CONSIDERED TO BE PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF THE POLICY ISSUED.



Mechanical Bull Insurance Agreements and Safety Protocols

Please Read! This is a part of your policy of Insurance and Failure to Adhere may VOID Coverage

Mechanical Bulls

1. All of my bulls are made to ASTM standards and maintained in accordance with manufacturer specifications. If they are not maintained as recommended and/or required by the manufacturer they are taken out of service until maintenance is done.
2. Each operator is 21 years of age unless I have written approval from Zodiac Insurance. Each operator is trained, has read the operations manual, completed any written examination or testing as required by the operations manual, and has practiced with the machine.
3. When there is liquor, youth, or crowded events I use an operator and a trained assistant.
4. Caution is taken to prevent visibly intoxicated or drugged persons from riding with no exceptions. This is an absolute. When alcohol is present, I specifically use experienced operators who have proper backup available to them to assist with an unruly patron.
5. Riders must be 48 inches tall. Small children may board for a photo-op only with an adult next to them.
6. My bull is equipped with a soft head, an emergency stop for the operator, a key that prevents use when operator is away, a barrier to separate observers, padding on all hard surfaces and a grab rope that allows immediate release when a rider falls.
7. I do not allow riders who are being pushed or cajoled. If a rider falls, the machine is immediately stopped. Loose clothing, jewelry, shoes and eyewear are not permitted.
8. ALL rides move very gradually upward from a slow start. There is no rodeo simulation or familiarity assumed, ever. I do not use the bull for adult/sexual performances.
9. Signs are posted around my bull. The signs states "ride at your own risk", "waiver required" and "those with physical limitations should not ride".
10. If music or other noise prevents operator from being able to hear participants, rides stop.
11. **EVERY RIDER MUST SIGN A WAIVER. EVERY PERSON WHO SITS ON THE BULL FOR A PHOTO MUST SIGN A WAIVER. EVERY MINOR MUST HAVE A WAIVER SIGNED BY PARENT OR GUARDIAN TO PARTICIPATE. I SAVE EVERY WAIVER FOR EVER AND WILL HAVE A WAIVER AVAILABLE IN THE EVENT OF A CLAIM BY ANY PARTICIPANT.**
12. **MY WAIVER RELEASES ME AND MY OPERATOR FROM ALL LIABILITY. ITS STATES THAT THE MECHANICAL BULL IS DANGEROUS BY NATURE, PEOPLE SHOULD EXPECT TO FALL, AND ANYONE WITH ANY PHYSICAL LIMITATION, DISABILITY OR FEAR SHOULD NOT RIDE.**

I received a specimen policy with my quote. Specifically, I have read and acknowledge exclusions bb and ee (page 10), hh2 (page 11), ALL WARRANTIES (pages 39 & 40) and the Exclusion Endorsement (attached after page 42). The entire policy is available to me and I have been offered the opportunity to ask questions.

WAIVERS WAIVERS WAIVERS!!! I WILL COLLECT A WAIVER FOR EVERY RIDER AND SAVE PERMANENTLY!

Name, Title, Date