

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Part occupied by Named Insured: Entire Portion (_____ %) Other (Lessor's Risk Only)

2. Date business established: _____

3. Describe all business operations conducted: _____

4. List all premises you own, rent, or control (attach schedule if necessary):

Location	Age	Construction

5. Do you have a parking lot? Yes No

If yes, state area: _____

If you charge for parking lot use, indicate gross receipts from this operation: \$ _____

Type of surface: Gravel Black Top Concrete

Is area checked regularly for potholes and uneven surfaces? Yes No

6. Facility is: Indoor Outdoor Drive-In Theater

Other (describe): _____

7. Number of vendor spaces: _____

Annual gross receipts from space rental: \$ _____

8. Is there an admission charge? Yes No

Annual gross receipts from admissions: \$ _____

9. Average daily attendance: _____

10. Days per week facility is open: _____

11. Do you provide display booths? Yes No

If yes, describe: _____

12. Are materials fire resistive? Yes No

13. Does aisle space meet local fire department regulations? Yes No

14. Are fire extinguishers kept on premises? Yes No

Frequency serviced: _____

15. Do you utilize a lease agreement? Yes No

If yes, obtain a copy for the file.

16. Are you provided with a certificate of insurance and additional insured endorsement from vendors? Yes No

17. Do you have any golf carts? Yes No

If yes, how many: _____

18. Total number of employees: _____

19. Is liquor allowed on premises? Yes No

	Yes	No
20. Do you sponsor any special events or promotions? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
21. Do any vendors offer amusement rides? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you use any traffic control? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you store petroleum products in underground tanks, LPG, flammable liquids, ammunition or explosives on the premises? If yes, indicate type and quantity stored: _____	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you subcontract work? If yes, indicate type: _____ Are Certificates of Insurance required from all subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you lend, lease or rent any equipment to others? If yes, indicate: Type of equipment: _____ Gross receipts: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
26. Has emergency evacuation plan been prepared?	<input type="checkbox"/>	<input type="checkbox"/>
27. Are emergency facilities readily available? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS PPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		