

**T.H.E. INSURANCE COMPANY**

10451 Gulf Boulevard  
Treasure Island, FL 33706

**AMUSEMENT OPERATORS POLLUTION SUPPLEMENT**

- 1. Name: \_\_\_\_\_
- 2. Address: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_
- 3. Name of Principle(s): \_\_\_\_\_  
Title: \_\_\_\_\_
- 4. Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_  
Proprietor: \_\_\_\_\_
- 5. Gross Receipts: \_\_\_\_\_ Ending Month: \_\_\_\_\_  
Year: \_\_\_\_\_
- 6. Geographic location of operations (states, counties, etc.): \_\_\_\_\_  
\_\_\_\_\_
- 7. Radius of operation in miles during season: \_\_\_\_\_
- 8. Description and number of rides and mechanical attractions, including how powered and approximate fuel and hydraulic tank capacity if applicable: \_\_\_\_\_  
\_\_\_\_\_
- 9. Description and number of food concessions, including how powered and size of propane tank or other liquid fuel tank: \_\_\_\_\_  
\_\_\_\_\_
- 10. List and describe and environmental claims made against you in the past 5 years: \_\_\_\_\_  
\_\_\_\_\_
- 11. Do owners of property where you are located require a Environmental Insurance Certificate? \_\_\_\_\_
- 12. Please describe any bulk fuel (gas, diesel, propane) or hydraulic fluid maintained by you: \_\_\_\_\_  
\_\_\_\_\_
- 13. Limits Desired: A. Each Environmental Impairment / B. All Environmental Impairments in the aggregate  
 \$25,000 / \$100,000 \$500 Deductible       \$100,000 / \$500,000 \$2,500 Deductible  
 \$250,000 / \$500,000 \$2,500 Deductible       \$500,000 / \$1,000,000 \$5,000 Deductible  
Deductible: Each Environmental Impairment

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become a part of the policy and that any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date