

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

10451 Gulf Boulevard  
Treasure Island, FL 33706-4814

**Amusement Park Supplement**

Applicant's Business Name: \_\_\_\_\_  
Policy Period Requested: \_\_\_\_\_ to \_\_\_\_\_  
Limit Requested \_\_\_\_\_  
Estimated Gross Receipts \_\_\_\_\_ Prior Year Gross Receipts \_\_\_\_\_  
Estimated Attendance \_\_\_\_\_

Please include the following: Photos Brochures

**Schedule**

**I. Rides, Attractions, and Food Concessions**

Name	Serial Number	Manufacturer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**II. Buildings**

Description	Location	Use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parking Lot: yes no If yes, Capacity \_\_\_\_\_ Surface Type \_\_\_\_\_  
Are any buses, vans or trams used to transport patrons to and from park grounds? yes no  
If yes, describe vehicles used to transport \_\_\_\_\_

**Additional Interests/Certificate Recipients**

Name & Address	Interest
_____	_____
_____	_____
_____	_____

**General Information** (Explain all "yes" responses) for all Past or Present Operations:

- Any Medical facilities provided or doctors employed/contracted? yes no
- Do operations involve storing, treating, discharging, applying disposing or transporting of hazardous material? yes no
- Any operations sold, acquired, or discontinued in the last 5 years? yes no
- Machinery or equipment loaned or rented to others? yes no
- Any watercraft docks, floats owned, hired or leased? yes no
- Is there a swimming pool on the premises? yes no
- Sporting or social events sponsored? yes no
- Any structural alterations contemplated? yes no
- Any demolition exposure contemplated? yes no
- Is any alcohol served or allowed on premises? yes no  
If yes, gross receipts? \_\_\_\_\_

**Remarks:** \_\_\_\_\_

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 any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

\_\_\_\_\_  
Signature of Applicant Date Signed

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

10451 Gulf Boulevard  
Treasure Island, FL 33706-4814

**Additional Amusement Park Schedule**

	<b>Year/Ride Description</b>	<b>Manufacturer</b>	<b>Serial#</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			