



Mission: Develop a "culture of safety" among owners and operators of amusement rental structures including development of a code of ethics, adoption of safety guidelines, operator training and certification program to enhance safety of the general public with respect to regulatory agencies and attraction manufacturers/suppliers.

Dear ROAR Member,

1. Please fill out the questionnaires in their entirety.
We must have ALL information from ALL ROAR Members.
2. Please provide a copy of your loss runs for the past five years
3. Please provide a current list of your equipment you would be insuring if we decide to use a captive.
4. Please send information to:
Dan Robertson
Managing Director
Alternative Market Programs
150 N. Westmonte Drive
Altamonte Springs, Florida 32714

Sincerely,

Scott Weisberg
ROAR Insurance Committee Chairman

General Liability Insurance Carrier

This must include premium paid for each of the years (so in conjunction with the loss data we can determine a loss ratio)

	General Liability Carrier	Premium Paid
2004		
2003		
2002		
2001		
2000		

Attractions & Territory Covered

States Work Performed In:

- Connecticut
- Delaware
- Maine
- New Jersey
- New York
- Pennsylvania
- Other:

Please attach a current list of attractions to be covered

Other Insurances You May Be Interested In:

1. Please complete the premium paid section
2. If you're interested in these insurances, please check box & include a copy of declarations page of your current policy for the desired coverage.
(you may white out your name & contact information)

	Limits you may be interested in	<i>Premiums Paid</i>			
		2003	2002	2001	2000
<input type="checkbox"/> Umbrella Policy					
<input type="checkbox"/> Auto					
<input type="checkbox"/> Equipment /Property					
<input type="checkbox"/> NJ Workers Comp					
<input type="checkbox"/> NY Workers Comp					
<input type="checkbox"/> Disability					

Financial Information

	Gross Sales	Gross Payroll (other than clerical)
2003		
2002		
2001		
2000		

General Liability Limits Desired

\$

Subcontractors

(This would include transporters if any, maintenance or any other 1099 situations)

	Yes	No
Are Subcontractors Used	<input type="checkbox"/>	<input type="checkbox"/>
If so are certificates of insurance obtained.....	<input type="checkbox"/>	<input type="checkbox"/>

Total 1099 distribution not covered by certificates of insurance \$ _____