

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: 25,000 50,000 Deductible desired: 500 1,000
 100,000 250,000 2,500 5,000
 500,000 1,000,000

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