



APPLICATION FOR: Amusement – Water Park

Email: rgerbers@aliverisk.com or tbillig@aliverisk.com

Notice: The Policy for which this Application is made, subject to its terms, applies only to any Claim (as applicable in the Coverage Section for which Application is made) made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Costs, Charges and Expenses (as defined in the Coverage Section for which Application is made), and Costs, Charges and Expenses shall be applied to the retentions. Submission of this Application does not guarantee coverage.

SECTION I. SUBMISSION REQUIREMENTS

- Completed & Signed Alive Risk Supplemental and ACORD 125 & 126 Applications
5 Years Loss Runs - Currently valued
Copy of current waivers
Copy of Employee Training, Safety, and Maintenance Manuals
Copy of Daily Maintenance Checklist/Logs
Website information, brochures and/or photos, of each attraction
Copy of any existing State Certifications and/or Inspections
Ownership Breakdown, Experience and/or Resume
Certificate of Insurance from any Sub Contractor and/or Independent Contractor
Copy of all agreements including Lease Agreements, Subcontractor Agreements, etc.

SECTION II. GENERAL INFORMATION

Contact Person: Contact Person Title:

Phone No.: Fax No.:

Email: Website:

Name of Insured ("Applicant"):

DBA Insured is Corp LLC Other:

Mailing Address:

City, State, Zip:

Premises Address:

City, State, Zip:

Is the proposed insured a subsidiary of another company? Yes No

If yes, provide name of parent company:

Does facility comply with ADA Requirements? Yes No

Size of facility: Square Footage: Indoor Outdoor Acreage

Number of years in business Number of years under current management

Have you used any Amusement Facility Consultant? Yes No

If yes, whom?

Proposed Effective Date Expiration Date

Prior Insurance Carrier _____ Has insurance ever been canceled? Yes No

What is your expiring premium for General Liability? _____ Excess? _____

Limits requested? _____

What associations do you belong to? _____

Hours of operation: _____ Operating Season: _____

Are you aware of any circumstances that may result in a claim made against you? Yes No

If yes, please describe: _____

SECTION III. PREMISES INFORMATION

Do you own or lease premise? _____ Other occupancies _____

Describe parking facilities - location, lighted, sloped, etc. _____

Describe type of security (armed/unarmed) for parking, facility, etc. _____

If hired security, is Certificate of Insurance provided, naming you as an additional insured? Yes No

If security is in-house, what type of training is provided? _____

Is Assumption of Risk signage present? Yes No

If yes, describe type, location and provide photos: _____

Are waivers signed for any of the attractions? Yes No

If yes, which attractions? _____

Number of surveillance cameras Inside _____ Outside _____ Total _____

Type of surveillance system _____ How long is video stored? _____

Does surveillance capture all elements in the facility? Yes No

Number of employees certified in CPR & First Aid _____

Is there at least one employee, certified in CPR and First Aid, present at all times? Yes No

Describe medical facilities provided: _____

Describe how injuries and medical emergencies are handled and by whom? _____

Are there any employed nurses or physicians? Yes No

Are there any programs that allow overnight stays? Yes No

If yes, describe: _____

Any operations sold, acquired or discontinued in the last 5 years? Yes No

Any storage, disposing, discharging or transporting of hazardous materials? Yes No

If yes, describe: _____

Do ALL Attractions, Equipment and Fencing meet ASTM standards? Yes No

Do you sponsor any sporting, competitions or social events? Yes No

If yes, explain: _____

Do you host any special and/or live events? Yes No

If yes, describe: _____

Do you belong to any associations (e.g. IAAPA, World Water Park Association)? Yes No

If yes, which ones? _____

Do you have any interest in Active Shooter coverage? Yes No

Are written contracts entered into? Yes No

Remarks: _____

SECTION IV. FINANCIAL INFORMATION *Must provide current Financial Statement to verify receipts*

A. ATTRACTION INFORMATION: GROSS ANNUAL RECEIPTS (Current and Next Year Estimated)

Total Gross Receipts _____ Average Annual # of Attendance _____

Attraction	Last Year's Receipts	This Year's Receipts (Estimated)
Water Park Attractions		
Rock/Climbing Wall		
Zip Lines/Ropes Course		
Arcade/Simulators		
Campgrounds		
Hotels		
Food		
Liquor		
Merchandise		
Other:		

SECTION V. OPERATIONS

A. WATER PARK N/A

SCHEDULE OF ATTRACTIONS (Provide a schedule of slides and attractions with manufacturer names)

Who is the slide manufacturer? _____

Are slides operated per manufacturer's guidelines? Yes No

If slide is elevated, what types of support structures are used? _____

Are mats/tubes or other devices used by riders? Yes No

What is the maximum depth of the pool? _____ Are pool depths clearly marked? Yes No

What is the maximum capacity of pool at any one time? _____

Describe the type of water filtration system and water recovery system: _____

What is the volume of chemicals stored (in gallons by type)? _____

Is the chemical mixing done manually or by computer? _____ How often? _____

What procedures are in place to prevent any type of bacteria/disease/fecal matter in the water? _____

Are any diving boards in excess of 3 meters high? Yes No

If yes, how many? _____

Do you allow or offer "head first" sliding? Yes No

Are Assumption of Risk signs posted on every slide? (If yes, provide photos of signs.) Yes No

Are there any provisions for handicapped persons? Yes No

Are there lifeguards or slide supervisors controlling the flow of participants at each slide and posted at the bottom of each slide at the landing zone pools? Yes No

Provide number of Lifeguards: _____ Are all lifeguards certified in CPR and First Aid? Yes No

Lifeguards trained and certified by: Ellis & Associates American Red Cross NASCO Other (below)

Who is providing the certification/safety training? _____

Are the employees licensed or certified by the State? Yes No

If yes, please provide name and type of license: _____

Is there a medical aid station on site? Yes No

Are any of the medical services sub-contracted to another company? Yes No

If yes, please **provide proof of insurance naming you as an additional insured.**

Are lockers, changing rooms and/or showers available? Yes No

List any additional water park features with capacity (e.g. Flow Rider, Wave machines, Cabanas, etc.): _____

B. ROCK/CLIMBING WALL N/A

Who is the manufacturer? _____ Who installed Walls? _____

Are participants allowed to climb on their own? Yes No

Number of walls _____ What is the height of the Bouldering/Traversing wall? _____

Are spotters required? Yes No

How are participants checked in? _____

Does rock wall meet all CWIG (Climbing Wall Industry Group) standards? Yes No

What type of safety equipment is used? _____

Describe the belay system: _____

Describe Safety Inspection policy for wall, hardware, equipment and rental gear: _____

Who is responsible for maintenance inspections? _____

How often are inspections done? _____ Is there a waiver signed? Yes No

If yes, **provide copy.**

Describe employee training procedures? _____

What type of assumption of risk signs (indicating age, size, height, rules, etc.)? _____

Type of instructions given: Verbal Video loop Recorded message Written

Describe landing surface – thickness, makeup, extent of fall protection: _____

Are there any mobile rock walls? Yes No

If yes, how often are they off premises? _____

How many attendants are stationed at each rock wall? _____

C. ZIP LINES/ROPES COURSE N/A

Who is the manufacturer? _____ What year was course built? _____

Who originally installed/built the course? _____

Have any additions/modifications been made after course was originally constructed? Yes No

If yes, describe additions/modifications and year completed: _____

Number of zip lines: _____

How many feet is the longest zip line? _____

Number of elements: _____

What is the height of the elements? _____

List/describe elements: _____

Describe fall protection systems at Transfer Stations: _____

Describe zip line braking system: _____

Describe emergency plan if patron is stranded on the zip line: _____

Describe participant lanyard system at Transfer Stations: _____

How often is course inspected? _____ By whom? _____

Provide inspection checklist and training manual.

What is staff to participant ratio? _____

Have there been any issues with State Inspections? Yes No

If yes, describe: _____

Are participants notified of difficulty levels at Transfer Stations? Yes No

What is the approximate time a participant will take to complete the course? _____

What is the maximum number of elements a participant must complete before they have an opportunity to exit the course? _____

Are there any zip lines or ropes courses that can be moved from property or mobile? Yes No

Does the course have a supervised practice area? **Provide diagram of course.** Yes No

Do you follow the ANSI/PRCA American National Standard (ANS)? Yes No

D. RESTAURANT/SNACK BAR

N/A

Restaurant exposure: Full Service Snack Bar Lessor's Risk

Square foot? _____

Is food area lease/subcontracted out?

Yes No

If leased, does insured receive COI from sub contractor listing them as an additional insured?

Yes No

If yes, **provide contract**

Are alcoholic beverages sold on premises (e.g. beer, wine, liquor)?

Yes No

Are portable fire extinguishers provided in kitchen?

Yes No

Who is responsible for cleaning hoods and ducts? _____

How often? _____

Are cleaning records kept?

Yes No

Number of each: Deep Fryers: _____ Ovens: _____ Grills: _____ Broilers: _____ Ranges: _____

Describe maintenance/inspections procedures _____

Have there been any issues with State Inspections?

Yes No

If yes, explain: _____

E. CHILD CARE/CHILD DROP-OFF/LOCK-INS

N/A

What is the maximum number of children dropped off/left in your care at one time? _____

What is the ratio of monitor to child left in your care? _____

What is the minimum age of a child left in your care? _____

What are the maximum hours per day that a child may be in your care? _____

What type of system do you have in place for checking in/out children when they arrive and depart? _____

Do you have written training/safety procedures including performing background checks on employees or volunteers in charge of drop-off service?

Yes No

If yes, **provide a copy.**

Briefly describe the programs you offer for children to be dropped off and supervised by employees? _____

F. HIRED AND NON-OWNED

N/A

Do you have a Business Auto Policy for owned autos?

Yes No

If yes, **NOTE – Coverage should be placed under your Auto Carrier.**

Does insured allow employees/volunteers to use their personal vehicles for business purposes?

Yes No

If yes, how often? _____

Total number of Employees _____

Total number of Volunteers _____

Does insured obtain Motor Vehicle Reports?

Yes No

If yes, how often? _____

What are the auto minimum limits the insured requires of their employees/volunteers? _____

How often does insured lease, borrow or hire any vehicles for business? _____

What type of vehicles are used and for what purposes? _____

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

Submitted by: _____
(Agent)

Applicant Signature: _____

Date: _____

Name: _____
(Please Print)

Title: _____

Date: _____