



APPLICATION FOR: Zoos & Aquariums

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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
Copy of Incident Report Form
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, 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 (This question does not apply to Missouri-domiciled insureds.)

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 premises? _____ 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: _____

Name of surveillance system: _____ How long do you store video? _____

Does surveillance capture waivers being signed? 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 have any interest in Active Shooter coverage? Yes No

Type of Institution:

Zoological Park Aquarium Wildlife Park Oceanarium Combination

Who Owns:

Land: _____

Collections: _____

Buildings / Grounds: _____

Institution is For Profit Non-Profit

How long under present ownership? _____ **How long under present management?** _____

Present Insurance / Risk Retention Method:

Claims Made Form Occurrence Form

Provided by municipality

Self Insured Self Insured Retention Retention Limit \$ _____

Insured Retention Limit \$ _____

Insurance Limit \$ _____

Insurance Company: _____

Attach four-year loss history (including current year)

Attendance:

Average Daily Attendance _____

Maximum Daily Attendance _____

Total Annual Attendance _____

Revenues:

- A. Admission Charge
Adults \$ _____
Minors \$ _____
Total Annual Admission Receipts \$ _____
- B. Souvenir / Gift Shop Receipts \$ _____
- C. Concessions
Food / Beverage \$ _____
Alcoholic Beverage \$ _____
Total Concession Receipts \$ _____
Are concessions contracted to others? Yes No
- D. Endowments / Grants
Contributions \$ _____
Memberships \$ _____
Other \$ _____
- E. Total Annual Revenues \$ _____

Description of Operations (Attach list if necessary):

General:

- | | | |
|---|--|--|
| <input type="checkbox"/> Museum | <input type="checkbox"/> Watercraft | <input type="checkbox"/> Novelty / Gift Shop |
| <input type="checkbox"/> Tram / Monorail / Train(s) | <input type="checkbox"/> Lake(s) / Pond(s) / Stream(s) | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> Breeding Facility | <input type="checkbox"/> Breeding Loan Activities | <input type="checkbox"/> Other Loan Activities |
| <input type="checkbox"/> Alcoholic Beverages | | |

- Sold Gratuitous

Whose responsibility is the liquor liability? _____

If contracted, does the liquor concessionaire provide liability coverage? Yes No

If no, explain: _____

Carts, Vans, Buses, Motorcycles or ATVs

- On Premises Off Premises

Veterinary Services

- Veterinarian is employed Veterinarian is contracted

Off Premises

Institution Describe: _____

Captive Facility Describe: _____

Breeding Facility Describe: _____

Wildlife Exhibitions List wildlife exhibited: _____

On Premises

Institution Describe: _____

Captive Facility Describe: _____

Breeding Facility Describe: _____

Wildlife Exhibitions List wildlife exhibited: _____

Educational (check, if any):

On Premises

Off Premises*

Lectures

Demonstrations

Tours

Children's Day or Overnight Camps

School Presentations

College Work / Class Research Program

Docent Program

*Describe any off-premises activities including live wildlife exhibitions: _____

Research:

Separate Research Library

Formal Research Project(s)

Describe: _____

Special Events / Activities / Attractions:

Fireworks Displays

Concerts

Other Performances

Describe: _____

Parking Lot Events

Describe: _____

Special Functions (social, political events, etc. – attach schedule)

Describe: _____

Holiday or Other Seasonal Promotions

Describe: _____

Publications

Describe: _____

Fund Raisers

Describe: _____

Mechanical Rides and / or Water Rides (carnival / amusement)

Describe: _____

Is there a qualified ride inspector to perform mechanical and electrical inspections? Yes No

Are maintenance manuals for all rides kept on premises? Yes No

Do you have a formal / written ride operator training program? Yes No

Do the rides meet the ASTM standards for amusement rides and / or ANSI standards for sky rides / chairlifts / aerial tramways? Yes No

Are your rides inspected by your state? Yes No

Animal Rides

Describe: _____

Habitat Rides

Describe: _____

Animal Mascot Loans

Describe: _____

Do you have a petting zoo? Yes No

If yes, is it operated by an independent contractor? Yes No

If you, do you receive a certificate of insurance naming you as an additional insured? Yes No

Do you have a contract with a hold harmless and indemnification agreement? Yes No

Are all animals properly vaccinated? Yes No

Is there a hand washing at the exit of the petting zoo? Yes No

Is there signage posted with regard to the importance of hand washing after animal contact?

Yes No

Playground

Describe: _____

Grandstand

Bleachers

Describe seating age and construction: _____

Other Describe: _____

Hours of Operation:

In Season: _____ to _____ Off Season: _____ to _____

Describe off-season activities or promotions: _____

Institution Opening Date: _____ **Closing Date:** _____

Total Acres (off main zoo premises): _____ **Parking Spaces:** _____

Avian Flu Guidelines:

Does the risk comply with the 2005 AZA Avian Flu Guidelines as summarized below?

Yes No

If No, please attach an outline of your Avian Flu procedures.

2005 AZA AVIAN FLU GUIDELINES:

- A. Facility should follow standard biosecurity measures for zoos and aquariums
- B. Facility should have formal procedures addressing the following:
 - a. Control measures that would be initiated upon suspected or confirmed cases of avian influenza, such as isolating and decontaminating affected areas or closing portions of the facility.
 - b. Protocols for short-term treatment of sick and injured native birds before releasing them to rehabilitation facilities.
 - c. Employee education program that provides information on topics such as how to prevent influenza from spreading and guidelines that help keep them and the birds they care for healthy.
 - d. Guidelines with proactive steps in the event of an outbreak of bird flu in or near the facility.
 - e. Proper local jurisdiction protocol is followed with regard to deceased wild birds found on premises.
- C. Employees working in bird areas should be required to wear appropriate personal equipment and employ proper cleaning and disinfecting protocols.

Zoo / Camp Operations (if applicable):

Would you like a quote for sexual abuse and molestation coverage (if eligible)?

Yes No

Do you discuss at staff orientation, child / sexual abuse, how to recognize the signs, and what to do if a camper or member reports someone molested him / her?

Yes No

Do you have a plan of supervision that monitors staff in day to day living relationships with campers?

Yes No

Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses? Yes No

If yes, please attach copy

If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? Yes No

Does your state permit you to do criminal background investigations on staff members? Yes No

If yes, do you request and receive such background investigations on all staff members? Yes No

If yes, who provides service? _____

Have you ever had an incident which resulted in an allegation of sexual abuse at your camp? Yes No

Was a claim made against your camp? Yes No

If yes, please provide details of the claim / incident: _____

How much money was paid as damages to the victim? _____

What has been done to prevent such occurrences from happening in the future? _____

If you have volunteers, are the answers to the questions above the same? Yes No

Not applicable, we have no volunteers.

If No, please explain: _____

Professional Affiliations:

- A. Is the institution a member of the American Zoo and Aquarium Association? Yes No
- B. Is the institution accredited by the AZA? Yes No

Please note: If you answer "Yes" to part "B" of question 17, skip to item #25 and signature page. If you answer "No" to part "B" of question 17, please finish filling out this application.

Regulatory Compliance:

- A. Does the institution comply with:
 - a. All local fire codes? Yes No

If no, explain: _____

b. All local, state and federal regulations?

Yes No

If no, explain: _____

B. Does the facility comply with the Animal Welfare Act, Part 3 – Standards Subparts D, E and F as respects the following?

Facilities and Operation Standards:

- Facilities – General Yes No
- Facilities – Indoor Yes No
- Facilities – Outdoor Yes No
- Primary Enclosures Yes No
- Space Requirements Yes No

Animal Health and Husbandry Standards:

- Feeding Yes No
- Watering / Water Quality Yes No
- Sanitation Yes No
- Employees or Attendants Yes No
- Classification and Separation Yes No
- Veterinary Care Yes No
- Handling Yes No

Transportation Standards:

- Consignments to Carriers and Intermediate Handlers Yes No
- Primary Enclosures Used to Transport Live Non-Human Primates Yes No
- Primary Conveyances (Motor Vehicle, Rail, Air, Marine) Yes No
- Food and Water Requirements Yes No
- Care in Transit Yes No
- Terminal Facilities Yes No
- Handling Yes No

A complete explanation must be given for any “NO” answer in part B of question #18 (**attach sheet if necessary**).

C. Attach Copies of All licenses, including:

- USDA Registered Exhibition License **License #** _____
- USDA Licensed Exhibitor and any other required USDA licenses
- Most current USDA inspection report

D. Are any staff members under investigation for alleged violation of any wildlife regulations? Yes No

If yes, explain: _____

Security:

A. Number and type of personnel: _____

(Private, employees, city or county police) Armed Unarmed

B. Describe after-hours and off-season security plans: _____

C. Are tranquilizer guns or dart guns loaned or taken off premises at any time? Yes No

If yes, describe: _____

D. Describe any alarm system present, including burglary or theft prevention measures: _____

E. Are guard dogs used? Yes No

If yes, explain procedure: _____

Enclosure System:

A. Describe the primary enclosure systems for all habitats including patron separation distance / height (**attach sheet if necessary**):

B. Describe the general minimum specifications for all other primary enclosures: _____

C. Describe the secondary enclosure system (premises perimeter fencing, etc.): _____

D. Is there a separate performance area for animal acts? Yes No

If yes, describe the type of animals involved and how they are transferred to and from performance areas: _____

E. Detail any breaches of any enclosure systems within the past five years: _____

Employees:

A. Number of employees: Full-time: _____ Part-time: _____

If volunteers are used, explain their responsibilities: _____

B. Explain employee training methods (**attach copy**).

Loaned Animals:

A. Describe the written policy regarding loans to others (**attach copy**).

B. Describe the written policy regarding loans to the institution (**attach copy**).

C. Describe non-owned animals exhibited at the institution: _____

Animal Waste Treatment / Disposal:

A. Explain the procedures for waste removal, treatment and / or disposal: _____

B. Are all waste treatment / disposal permits obtained and ordinances complied with? Yes No

If no, explain in detail: _____

Is "Hands On" activity for any of the following permitted?

- A. Poisonous snakes (except employee handlers) Yes No
- B. Adult male elephants (over the age of 10) Yes No
- C. Horned Animals Yes No
- D. Primates Yes No
- E. Off premises exhibitions Yes No

Explain any "Yes" answers in detail, including safety measures used: _____

FRAUD WARNINGS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act. **(Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.)**

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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: _____

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