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 K&K Insurance Brokers, Inc. Canada

AMUSEMENT PARK APPLICATION

1. Policy period required from _____ to _____
(Year) (Year)

INSURED:

2. Named Insured as it is to appear on policy: _____

3. What is the Insured? Corporation Partnership Joint Venture
 Individual Other _____

4. a) Mailing Address: _____
(Number) (Street) (City) (Prov.) (Postal Code)

5. Location of park (if different than mailing address):

City: _____ Province: _____ Postal Code: _____
 Phone: (_____) _____ Fax: (_____) _____

Contact: _____ Web Site: _____

Person is: Owner General Manager Other:

Day phone: (_____) _____ Night phone: (_____) _____

Fax: (_____) _____

6. Doing Business As: _____

7. Name, Address and Description of Operations of all Subsidiary Companies:

8. Is organization an IAAPA Member? Yes No

BROKER

14. Name of Agent/Brokerage: _____

15. Contact Person: _____

16. Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

GENERAL INFORMATION

9. Projected opening and closing dates of the season:

From: _____ To: _____

10. How many years of management experience? _____ years

11. Is the ground leased to others?

Yes No

If yes, please explain: _____

12. Do any of the following exposures exist on your premises?

Camping

Concerts

Sewage Treatment

Hotels

Golf Courses

Athletic Fields

Animal Rides

*Liquor Sales

*Fireworks

**Requires separate application*

13. Do you engage in any other business operations under the name of the Insured as will appear on the policy?

Yes No

If yes, please explain: _____

BUSINESS INFORMATION

17. Describe Applicant's experience in this industry: _____

How long has this Applicant been in business? _____

Please provide a list of ALL attractions/facilities/activities/rides in the park and indicate estimated receipts from each. Any sales of alcohol or food should be indicated separately. Please also provide TSSA Amusement Ride Number where applicable. (Complete on separate sheet if necessary.)

18. Are any of above operated by concessionaires, independent vendors, trade booth exhibitors or is any work performed by sub-contractors? If so, please provide details and advise applicable receipts.

Yes No

Is proof of insurance obtained from all of above and also promoters of any special events? Yes No

If no, please explain: _____

If yes, please advise what limits they are required to provide: _____

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

If yes, please give name(s) and years experience: _____

20. Please describe outside perimeter fencing: _____

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

22. Are all cooking areas protected by automatic fire systems? Yes No

23. Are fire extinguishers located in each building? Yes No

24. What is the distance to the nearest fire station? _____

25. What is the distance to the nearest hospital? _____

26. Is there an ambulance on site? Yes No

27. Please provide the minimum number of medical personnel at the park for the following:

_____Paramedic _____EMT/EMS _____Nurses _____CPR Certified

28. Please provide the minimum number of security personnel at the park for the following:

_____Professional Service _____Uniformed Officers _____Employees
_____Other: (_____)

29. Please describe any and all water hazards including lakes, streams, swimming pools, marinas, bathing beaches (including width and depth) that are not rides:

30. If you have water rides, please describe the supervision: _____

31. Do you permit head-first sliding on waterslides? Yes No

If yes, please explain: _____

32. Are hazardous or toxic materials stored on premises? Yes No

If yes, please explain how and where: _____

33. Do the rides meet the ASTM standard? Yes No

If no, please explain: _____

PATRON INFORMATION

34. Patron admission costs: Adult: \$ _____ Child \$ _____
Discount \$ _____

35. Previous year's total annual attendance: _____

36. Projected total annual attendance this year: _____

37. Previous year's gross receipts from:

Admissions \$ _____ Food & Beverage \$ _____
Beer/Liquor \$ _____ Novelty/Merchandise \$ _____
Rides \$ _____ Arcade Games \$ _____
Other: (describe) _____ \$ _____
Total gross receipts \$ _____

** Please complete Liquor Liability Application if receipts indicate liquor sales.*

38. Limits of Liability required:

Commercial General Liability

Each Occurrence Limit \$ _____
Products - Completed Operations Aggregate Limit \$ _____
Personal Injury Limit \$ _____
Tenants Legal Liability Limit \$ _____
Medical Expense Limit - Per Occurrence/Per Person \$ _____
Non-Owned Automobile Limit - Liability \$ _____
- Physical Damage \$ _____
Employee Benefits Limit \$ _____
Employers Liability Limit \$ _____
Advertising Injury Limit \$ _____
Other: _____ \$ _____

39. Operations:

a) Please describe fully and break down the types of operations and work performed by the Applicant:

Operations	Estimated Annual Attendance	Estimated Gross Receipts for the Coming Year

b) If the Insured has food and/or beverage sales, please indicate receipts: Food \$ _____
Alcohol \$ _____

c) Does the Insured have any discontinued operations? Yes No

If yes, please state details:

40. What specific expertise does the Applicant's employees and/or volunteers have related to the Applicant's business? _____

41. Products:

a) Estimated annual sales/receipts for each product manufactured (present and past), sold, handled or distributed by the Applicant:

Total Sales: \$ _____ CAN: \$ _____ USA & Other: \$ _____

b) Does the Insured sell any products, or carry out any operations in the United States? Yes No

If yes, please provide full details: _____

42. Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? Yes No

If yes, please provide details: _____

b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract? Yes No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? Yes No

If no, please advise procedures followed and details of contracts used: _____

c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured? Yes No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability? Yes No

d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians? Yes No

If no, in whole or part, please explain: _____

If yes, in whole or part, please attach a copy of the waiver

43. Protective Liability

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ _____ Sublet? \$ _____

Please describe the types of work let or sublet: _____

44. Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: _____

45. Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? Yes No

If no, please explain: _____

46. Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft? Yes No

If yes, please give details: _____

47. Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? Yes No

If yes, please provide details: _____

b) Does the Insured rent or lease vehicles from others? Yes No

If yes (i) How often per year? _____ (per year)
(ii) Are any of these vehicles driven in the United States? Yes No

c) Does the Insured contract services from others? Yes No

If yes, please describe: _____

d) Does the Insured contract services from others for the purpose of operating Vehicles to perform maintenance, service, haulage or snow removal operations? Yes No

48. Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date

49. Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.)

50. Please provide deductible or self-insured retention amounts for each year noted in question 49.

Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect Any deductible provision(s) contained in existing or previous insurance policies? Yes No

51. Please attach a copy of the Insured's most recent audited financial statement.

52. Does the Insured have a formal loss-control program? Yes No

If yes, please provide details: _____

53. Does the Insured have a formal employee safety-training program? Yes No

If yes, please provide details: _____

54. Does the Insured have a formal premises snow/ice clearance procedure? Yes No

If yes, please provide details: _____

55. Does the Insured have a formal equipment or premises maintenance procedure? Yes No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel: _____

PLEASE ATTACH THE FOLLOWING:

1. Diagram of park
2. Financial statement
3. Detailed loss history listings from previous carrier (3 years)
4. Park brochure with operating times and dates
5. Complete list of rides, with their serial numbers, manufacturers and their TSSA Amusement Ride Number
6. Copy of ride inspection forms and ride operator training manuals
7. Copy of non-destructive testing, ultrasound, x-ray, magnaflex testing required by manufacturers of specific rides

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Name (Print)

Signature

Date

Agent/Broker: _____