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 K&K Insurance Brokers, Inc. Canada

## THEMED ATTRACTIONS 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)

b) Location of Theme Attraction (if different than mailing):

\_\_\_\_\_ (Number) (Street) (City) (Prov.) (Postal Code)

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

5. Doing Business As: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### BROKER

7. Name of Agent/Brokerage: \_\_\_\_\_

8. Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### GENERAL INFORMATION

9. Please describe fully the type of "Themed Attraction" offered: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Does your "Themed Attraction" involve performance groups or individual performers?  Yes  No

If yes, a) Do the groups/performers provide you with a certificate of insurance?  Yes  No

b) Do the groups/performers seek to extend coverage of your policy?  Yes  No

c) Are the groups/performers afforded coverage through Workers Compensation?  Yes  No

11. Is organization a member of IAAPA?  Yes  No

12. Projected opening and closing dates of the season: From \_\_\_\_\_ To \_\_\_\_\_

13. How long has insured been in business? \_\_\_\_\_

At this location?  Yes  No

If no, please explain: \_\_\_\_\_

14. How many years of management experience? \_\_\_\_\_

15. What is the total acreage of the grounds? \_\_\_\_\_

16. Are the grounds leased to others?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

17. Do any of the following exposures exist on your premises:

- |  |                                     |  |  |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Petting Zoo   | <input type="checkbox"/> Camping    | <input type="checkbox"/> Animal Rides  | <input type="checkbox"/> Stunt Shows             |
| <input type="checkbox"/> Laser Tag     | <input type="checkbox"/> Paintball  | <input type="checkbox"/> Wagon Rides   | <input type="checkbox"/> Sewage Treatment Plants |
| <input type="checkbox"/> *Liquor Sales | <input type="checkbox"/> *Fireworks | <input type="checkbox"/> Theatre Shows | <input type="checkbox"/> Musical Shows           |

\*May require separate application

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

19. Is there a back-up emergency electrical power source for lights and communications?  Yes  No

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

21. What is the distance to the nearest fire station? \_\_\_\_\_

22. What is the distance to the nearest hospital? \_\_\_\_\_

23. Is there an ambulance on site?  Yes  No

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

\_\_\_\_\_ Paramedic    \_\_\_\_\_ EMT/EMS    \_\_\_\_\_ Nurses    \_\_\_\_\_ CPR certified

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

\_\_\_\_\_ Professional Service    \_\_\_\_\_ Uniformed Officers    \_\_\_\_\_ Employees

\_\_\_\_\_ Other: \_\_\_\_\_

If employees, are they armed?  Yes  No

If yes, please attach training procedures.

26. Do you have any arm wrestling, punching bags or sonic-boom-arcade-type machines?  Yes  No

If yes, please provide description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. Please describe any and all water hazards including lake, stream, swimming pool, marina, bathing beach (include width and depth) that are not rides: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

29. How many rides do you own? \_\_\_\_\_ How many rides are contracted or leased? \_\_\_\_\_

Give description of contracted or leased rides: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

31. Do the rides meet the ASTM standards?  Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

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

If yes, please explain how and where: \_\_\_\_\_  
\_\_\_\_\_

**PATRON INFORMATION**

33. Are patrons required to walk across public highways from the parking area?  Yes  No

34. Are buses or trams used on the premises?  Yes  No

35. Are curbs, steps or ledges highlighted?  Yes  No

36. Are signs posted to identify assumption of risk for rides?  Yes  No

37. Patron admission cost: Adult \$ \_\_\_\_\_ Child \$ \_\_\_\_\_ Discount \$ \_\_\_\_\_

38. Total annual attendance: \_\_\_\_\_

39. Previous year's gross receipts from:

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

Total gross receipts \$ \_\_\_\_\_

40. **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: _____	\$ _____

**41. 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 \$

\* If receipts indicate liquor sales please fill out Liquor Liability Application

c) Does the Insured have any discontinued operations?

Yes  No

If yes, please state details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**42. 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: \_\_\_\_\_  
 \_\_\_\_\_

**43. 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

**44. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**45. Professional Liability - Staff Employees and Contractors**

Please list number of employees and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**46. Workers Compensation**

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

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**47. Aircraft & Watercraft**

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

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

**48. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b) Does the Insured contract services from others?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

49. 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

50. 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

53. Does the Insured have a formal loss-control program?  Yes  No  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

54. Does the Insured have a formal employee safety-training program?  Yes  No  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

55. Does the Insured have a formal premises snow/ice clearance procedure?  Yes  No  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

56. 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 grounds/themed attraction and or brochure
2. Financial statement
3. Detailed loss history listings from previous carrier(s) (3 years)
4. Copy of ride inspection forms and ride operator training manuals
5. Copy of non-destructive testing, ultrasound, x-ray, magnaflex testing required by manufacturers of specific rides
6. Complete schedule of events and event dates
7. Contracts/lease agreements/hold harmless agreements between the event management and any other party with regard to the event

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: \_\_\_\_\_