

Waterpark Liability Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____ to _____
(effective date) (expiry date)

2.2 Mailing information

Name of Insured as it is to appear on policy: _____
Name of Organization (if different): _____
Mailing Address: _____ _____

2.3 What is the insured?

- Corporation Partnership Joint Venture
- Individual Other (specify) _____

2.4 Webpage: _____

2.5 Location of Park:

a)	Address: _____ _____
b)	Total Acres: _____
c)	Acres of Parking: _____
d)	Acres Undeveloped: _____

2.6

Does the Insured: <input type="checkbox"/> Own <input type="checkbox"/> Lease premises	
If leased, who is the owner of premises: _____	
Is the ground leased to others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe: _____	

2.7 Additional Insureds (As they are to appear on the policy)*

Name	Relationship	Address

*Subject to approval by K&K Insurance Canada

2.8 Please indicate nature of business/description of operations:

- Water Rides* *Requires list of attractions
- Animal Attractions* *Requires list of attractions
- Food Concessions
- Fireworks ** **Requires separate application
- Other ancillary attractions (specify):

Please attach a schedule of any special events not sponsored by you on which coverage is desired.

Security/Emergency Services On Site

2.8

Please describe any safety measures/risk management plans that are in effect:

2.9 Minimum number and type of security personnel:

Professional Service:	_____
Uniformed Officers:	_____
Employees:	_____
Other (specify):	_____

2.10 Minimum number and type of medical personnel:

Paramedic:	_____
EMT/EMS:	_____
Nurses:	_____
Other (specify):	_____

2.11

a. Distance to nearest hospital:	_____
b. Is there an ambulance on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Response time in minutes:	_____

2.12

Are all public buildings sprinklered?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all cooking areas protected by automatic fire systems?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are fire extinguishers easily accessible in all buildings?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
a) How often are they checked?	_____			
b) By who?	_____			

Are fire hydrants and hoses strategically located and accessible?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What is water source?				
<input type="checkbox"/> Municipal line	<input type="checkbox"/> Premises reservoir	<input type="checkbox"/> Fire Station Truck		
Distance to nearest fire station:				
<hr/>				
Station operated by:	<input type="checkbox"/> Professionals	<input type="checkbox"/> Volunteers		

2.13

Is there radio communication between all supervisory staff?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please describe outside perimeter fencing:				
<hr/>				
<hr/>				
How is the waterpark guarded at night and during the off season to prevent would-be vandals from entering the premises.				
<hr/>				
<hr/>				

Mechanical/Gravity/Water Ride Attractions (if applicable)

2.14

Are there Mechanical / Gravity / Water Ride Attractions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
a. Is there a qualified ride inspector to perform mechanical and electrical inspections?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give name(s) and years experience:				
<hr/>				
b. How are water elements secured in the off-season?				
<hr/>				
c. When are inspections performed?				
<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly			
<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually			

d.	Is there a periodic inspection done by an independent provincial inspector?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, by who?				
<hr/>					
e.	Are there any dart, pellet/projectile firing games?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, please describe?				
<hr/>					
f.	Are maintenance manuals for all rides kept on premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
g.	Is there a qualified maintenance staff on site?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, Is there a maintenance shop and equipment on site?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Number of employees:				
<hr/>					
h.	Are life guards certified?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, by which organization?				
<hr/>					
i.	Are there rides where speed is controlled by the operator?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
j.	What is the maximum number of rides one operator is trained on?				

Patron Services

2.16

a.	Are patrons required to walk across public highways from parking areas?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b.	Are buses or trams used to and from parking areas?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c.	Are curbs, steps, and ledges highlighted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d.	Are signs posted to identify assumption of risk for rides?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e.	Are signs posted discouraging patrons from running?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
f.	Are handicap services provided in restrooms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Are handicap services provided in parking areas?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Are there ramps for the handicapped?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, where?				
<hr/>				
g. Are smoking and non-smoking areas identified?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
h. Are there back-up emergency electrical power sources for lights and communications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.17 Patron Admission costs:

Adult:	\$
Child:	\$
Discount	\$

2.18

Last Year's average daily attendance:	Peak:	_____
	Off-season:	_____
Last Year's total annual attendance:		_____
Projected average daily attendance:	Peak:	_____
	Off-season:	_____
Projected total annual attendance:		_____
How is attendance determined?	turnstile <input type="checkbox"/>	numbered ticket <input type="checkbox"/>

2.19 Previous year's gross receipts:

Admission:	\$
Parking:	\$
Food / Beverage:	\$
Liquor:	\$
Rides:	\$
Novelty / Merchandise:	\$
Arcade Games:	\$
Other (specify):	\$
Total Gross Receipts	\$

2.20 Number of employees:

Full-time: _____	Part-time: _____
Will worker's compensation be required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, who is current carrier?	

2.21 Please indicate if any of the following exists on your premises:

Athletic fields <input type="checkbox"/>	Golf course (miniature) <input type="checkbox"/>	Museums <input type="checkbox"/>
Blacksmith's shop <input type="checkbox"/>	Hotel <input type="checkbox"/>	Race tracks <input type="checkbox"/>
Candle maker's shop <input type="checkbox"/>	Kennel <input type="checkbox"/>	Sewage treatment plant <input type="checkbox"/>
Dance hall <input type="checkbox"/>	Live theatres <input type="checkbox"/>	TV or movie filming sessions <input type="checkbox"/>
Full-service restaurant <input type="checkbox"/>	Motel <input type="checkbox"/>	Video game arcades <input type="checkbox"/>
Golf course (full) <input type="checkbox"/>	Movie theatres <input type="checkbox"/>	Zoo <input type="checkbox"/>
Additional information may be required.		

2.22

Does your park manufacture any water rides sold to the public?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please describe:		

2.23

Are hazardous or toxic materials stored on premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain how and where:		

Schedule of Expoures

2.24

a) Slides

	Type of Slide	Name	# of flumes	Kind of finish	Length	Width
a.						
b.						
c.						
d.						
e.						
f.						
g.						

	Type of Slide	Name	Built on Hill	Built on Stilts	# of attendants	
					Top	Bottom
a.			<input type="checkbox"/>	<input type="checkbox"/>		
b.			<input type="checkbox"/>	<input type="checkbox"/>		
c.			<input type="checkbox"/>	<input type="checkbox"/>		
d.			<input type="checkbox"/>	<input type="checkbox"/>		
e.			<input type="checkbox"/>	<input type="checkbox"/>		
f.			<input type="checkbox"/>	<input type="checkbox"/>		
g.			<input type="checkbox"/>	<input type="checkbox"/>		

Is anything used to assist the participants in going down the slide? Yes No

If yes, please identify the slide(s) and what is used:

b) Landing Areas

	Type of Landing Area:			Depth	Area
	Pool	Lake	Other (specify)		
a.	<input type="checkbox"/>	<input type="checkbox"/>			
b.	<input type="checkbox"/>	<input type="checkbox"/>			
c.	<input type="checkbox"/>	<input type="checkbox"/>			
d.	<input type="checkbox"/>	<input type="checkbox"/>			
e.	<input type="checkbox"/>	<input type="checkbox"/>			
f.	<input type="checkbox"/>	<input type="checkbox"/>			
g.	<input type="checkbox"/>	<input type="checkbox"/>			

	Water Level of Landing Area:		
	Above End of Flume	Even with End of Flume	Below End of Flume
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) Other Attractions

Please include all other water attractions (i.e. wave pools, kiddie pools, swimming pools, diving boards, lakes, streams, as well as non-water attractions such as play areas, picnic areas, etc.)

Description (include height and width if applicable)	Manufacturer	Serial Number & TSSA Number (if any)

Operations

2.25 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
		\$
		\$
		\$
		\$
		\$

2.26

<p>Does the Insured have food and/or beverage sales?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If yes, please indicate receipts:</p>		
	<p>Food: \$</p>	
	<p>*Alcohol: \$</p>	

* If receipts indicate liquor sales please complete and include a Liquor Liability Application

Section 3: Liability

3.1

<p>a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If yes, please provide details:</p> <hr/> <hr/>		
<p>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?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

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:

3.2 Protective Liability

a) Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)? Yes No

If yes, what is the annual cost of work?

Let \$ _____

Sublet \$ _____

If yes, please give details of the sublet:

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

3.3 Workers Compensation

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

If no, please provide explanation.

3.4 Aircraft & Watercraft

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

If yes, please give details.

3.5 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 give details:

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

If yes, (i) How often per year? :

(ii) Are any of these vehicles driven in the United States? Yes No

<p>c) Does the Insured contract services from others?</p> <p>If yes, please describe:</p> <hr/> <hr/>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>d) Are vehicles used to transport anyone?</p> <p>If yes, how often and for what purpose?</p> <hr/> <hr/>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

Important Checklist

Please ensure the following are included with your submission:							
<input type="checkbox"/>	Diagram of Park						
<input type="checkbox"/>	All contracts / lease agreements/hold harmless agreements between you and any other party with regard to this operation						
<input type="checkbox"/>	Park brochure with operating times and dates (If no brochure, please list times and dates.)						
<input type="checkbox"/>	Emergency evacuation plan						
<input type="checkbox"/>	Complete list of rides and pools with their serial numbers and manufacturers						
<input type="checkbox"/>	Copies of Inspection Forms and Ride Operator Training Manuals						
<input type="checkbox"/>	Copy of most current Independent Inspector Report						
<input type="checkbox"/>	<p>Chlorine-handling procedures</p> <p>Type of Chlorine used:</p> <table style="margin-left: 100px; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Liquid</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Gas</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Powder</td> </tr> </table>	<input type="checkbox"/>	Liquid	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Powder
<input type="checkbox"/>	Liquid						
<input type="checkbox"/>	Gas						
<input type="checkbox"/>	Powder						
<input type="checkbox"/>	Copy of current TSSA or equivalent inspection certificate.						

Section 4: Claims Information

4.1

Does the Insured have a formal loss-control program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
<hr/>				
<hr/>				
<hr/>				

4.2

Does the Insured have a formal employee safety-training program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
<hr/>				
<hr/>				
<hr/>				

4.3 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.):

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Section 5: Limits of Liability Required

5.1 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:	\$

Section 6: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application 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 Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 7: Additional Information

Additional Information: