



AMUSEMENT PARK APPLICATION

SECTION 1: INSURED

1.1 Effective Dates

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

1.2 Named Insured as it is to appear on policy: _____

1.3 What is the insured?

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

1.4 Mailing Address: _____

Location of park (if different than mailing address): _____

1.5 Contact Person: _____ is: ☐ Owner ☐ General Manager ☐ Other _____

Web Site: _____

1.6 Day Phone: _____ Night Phone: _____ Fax: _____

1.7 Doing Business As: _____

1.8 Name, Address and Description of Operations of all Subsidiary Companies:

1.9 Is organization an IAAPA Member?

☐ Yes ☐ No

SECTION 2: BROKER DETAILS

2.1 Name of Agent/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax Number: _____

E-mail address: _____

SECTION 3: GENERAL INFORMATION

- 3.1 Projected opening and closing dates of the season: From_____ To_____
- 3.2 How many years of management experience?
- 3.3 Are the grounds leased to others? ☐ Yes ☐ No
- If yes, please explain:_____
- 3.4 Do any of the following exposures exist on your premises:
- ☐ Camping ☐ Concerts ☐ Sewage Treatment ☐ Hotels ☐ Golf Courses ☐ Athletic Fields
- ☐ Animal Rides ☐ *Liquor Sales ☐ *Fireworks
- *May require separate application**
- 3.5 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:_____

SECTION 4: BUSINESS INFORMATION

- 4.1 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.)_____
- _____
- _____
- _____
- _____
- 4.2 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:_____
- 4.3 Is there a qualified ride inspector to perform mechanical and electrical inspections? ☐ Yes ☐ No
- If yes, please give name(s) and years experience:_____
- _____
- _____

- 4.4 Please describe outside perimeter fencing: _____

- 4.5 Are maintenance manuals for all rides kept on premises? ☐ Yes ☐ No
- 4.6 Are all cooking areas protected by automatic fire systems? ☐ Yes ☐ No
- 4.7 Are fire extinguishers located in each building? ☐ Yes ☐ No
- 4.8 What is the distance to the nearest fire station? _____
- 4.9 What is the distance to the nearest hospital? _____
- 4.10 Is there an ambulance on site? ☐ Yes ☐ No
- 4.11 Please provide the minimum number of medical personnel at the park for the following:
 Paramedic _____ EMT/EMS _____ Nurses _____ CPR certified _____
- 4.12 Please provide the minimum number of security personnel at the park of the following:
 Professional Service _____ Uniformed Officers _____ Employees _____ Other (_____) _____
- 4.13 Please describe any and all water hazards including lake, stream, swimming pool, marina, bathing beach (include width and depth) that are not rides: _____

- 4.14 If you have water rides, please describe the supervision: _____

- 4.15 Do you permit head-first sliding on waterslides? ☐ Yes ☐ No
 If yes, please explain: _____

- 4.16 Do the rides meet the ASTM standards? ☐ Yes ☐ No
 If no, please explain: _____

- 4.17 Are hazardous or toxic materials stored on premises? ☐ Yes ☐ No
 If yes, please explain how and where: _____

SECTION 5: PATRON INFORMATION

- 5.1 Patron admission cost: Adult \$ _____ Child \$ _____ Discount \$ _____
- 5.2 Previous year's total annual attendance: _____
- 5.3 Projected total annual attendance this year: _____
- 5.4 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.

SECTION 6: LIMITS OF LIABILITY REQUIRED

6.1 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:\$

6.2 Operations

Please describe fully and break down the types of operations and work performed by the applicant:

A. Operations	Estimated Annual Attendance	Estimated Gross Receipts for the Coming Year

B. If the Insured has food and/or beverage sales, please indicate receipts:

Annual Receipts for: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:

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

6.3 Products

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

Total Sales: \$Canada: \$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:

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

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

6.5 Protective Liability

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 \$ _____

Please describe the types of work let or sublet: _____

6.6 Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: _____

6.7 **Workers Compensation**

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

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

6.8 **Aircraft & Watercraft**

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

If yes, please give details: _____

6.9 **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? _____

(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

6.10 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
1.				
2.				
3.				
4.				
5.				

6.11 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.):

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

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

6.13 Please attach a copy of the Insured’s most recent audited financial statement.

SECTION 7: CLAIMS INFORMATION

7.1 Does the Insured have a formal loss-control program?

☐ Yes

☐ No

If yes, please provide details:

7.2 Does the Insured have a formal employee safety-training program?

☐ Yes

☐ No

If yes, please provide details:

7.3 Does the Insured have a formal premises snow/ice clearance procedure?

☐ Yes

☐ No

If yes, please provide details:

7.4 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

SECTION 8: DECLARATIONS

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.

Signed: _____ Full Name: _____

Position Held: _____ Date: _____

Agent/Broker: _____