

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 (effective date): _____ to (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:

Address: _____

Total Acres: _____

Acres of Parking: _____

Acres Undeveloped: _____

2.6 Does the Insured: ☐ Own ☐ Lease premises

If leased, who is the owner of premises: _____

Is the ground leased to others? ☐ Yes ☐ No

If yes, please describe: _____

2.7 Additional Insureds Relationship Address

As they are to appear on the policy (MUST be approved by K&K)

- 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.

2.9 Security/Emergency Services On Site

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

2.10 Minimum number and type of security personnel:

Professional Service:

Uniformed Officers:

Employees:

Other (specify):

2.11 Minimum number and type of medical personnel:

Paramedic:

EMT/EMS:

Nurses:

Other (specify):

2.12 Distance to nearest hospital:

Is there an ambulance on site?

☐ Yes

☐ No

Response time in minutes:

2.13 Are all public buildings sprinklered?

☐ Yes

☐ No

Are all cooking areas protected by automatic fire systems?

☐ Yes

☐ No

Are fire extinguishers easily accessible in all buildings?

☐ Yes

☐ No

How often are they checked?

By who?

Are fire hydrants and hoses strategically located and accessible?

☐ Yes

☐ No

What is water source?

☐ Municipal line

☐ Premises reservoir

☐ Fire Station Truck

Distance to nearest fire station:

Station operated by:

☐ Professionals

☐ Volunteers

2.14 Is there radio communication between all supervisory staff?

☐ Yes

☐ No

Please describe outside perimeter fencing:

How is the waterpark guarded at night and during the off season to prevent would-be vandals from entering the premises.

2.15 **Mechanical/Gravity/Water Ride Attractions (if applicable)**

Are there Mechanical / Gravity / Water Ride Attractions? ☐ Yes ☐ No

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

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

How are water elements secured in the off-season? _____

When are inspections performed? ☐ Daily ☐ Weekly ☐ Monthly ☐ Annually

Is there a periodic inspection done by an independent provincial inspector? ☐ Yes ☐ No

If yes, by who? _____

Are there any dart, pellet/projectile firing games? ☐ Yes ☐ No

If yes, please describe? _____

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

Is there a qualified maintenance staff on site? ☐ Yes ☐ No

If yes, Is there a maintenance shop and equipment on site? ☐ Yes ☐ No

Number of employees: _____

Are life guards certified? ☐ Yes ☐ No

If yes, by which organization? _____

Are there rides where speed is controlled by the operator? ☐ Yes ☐ No

What is the maximum number of rides one operator is trained on? _____

2.16 **Patron Services**

Are patrons required to walk across public highways from parking areas? ☐ Yes ☐ No

Are buses or trams used to and from parking areas? ☐ Yes ☐ No

Are curbs, steps, and ledges highlighted? ☐ Yes ☐ No

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

Are signs posted discouraging patrons from running? ☐ Yes ☐ No

Are handicap services provided in restrooms? ☐ Yes ☐ No

Are handicap services provided in parking areas? ☐ Yes ☐ No

Are there ramps for the handicapped? ☐ Yes ☐ No

If yes, where? _____

Are smoking and non-smoking areas identified? ☐ Yes ☐ No

Are there back-up emergency electrical power sources for lights and communications? ☐ Yes ☐ No

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 ☐ Numbered ticket

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 ☐ No

If yes, who is current carrier:

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

☐ Athletic fields ☐ Golf course (miniature) ☐ Museums

☐ Blacksmith's shop ☐ Hotel ☐ Race tracks ☐ Candle maker's shop ☐ Kennel ☐ Sewage treatment plant

☐ Dance hall ☐ Live theatres ☐ TV or movie filming sessions ☐ Full-service restaurant ☐ Motel

☐ Video game arcades ☐ Golf course (full) ☐ Movie theatres ☐ Zoo

Additional information may be required.

2.22 Does your park manufacture any water rides sold to the public?

☐ Yes ☐ No

If yes, please describe:

2.23 Are hazardous or toxic materials stored on premises?

☐ Yes ☐ No

If yes, please explain how and where:

2.24 Schedule of Exposures

SLIDES

Type of Slide	Name	Number of flumes	Kind of finish	Length	Width
A					
B					
C					
D					
E					
F					
G					

Type of Slide	Name	Built on Hill	Built on Stilts	Number of attendents	
				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: _____

LANDING AREAS

Type of Landing Area:

Pool	Lake	Other (specify)	Depth	Area
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:

- | | | |
|---|---|---|
| A <input type="checkbox"/> Above End of Flume | <input type="checkbox"/> Even with End of Flume | <input type="checkbox"/> Below End of Flume |
| B <input type="checkbox"/> Above End of Flume | <input type="checkbox"/> Even with End of Flume | <input type="checkbox"/> Below End of Flume |
| C <input type="checkbox"/> Above End of Flume | <input type="checkbox"/> Even with End of Flume | <input type="checkbox"/> Below End of Flume |
| D <input type="checkbox"/> Above End of Flume | <input type="checkbox"/> Even with End of Flume | <input type="checkbox"/> Below End of Flume |
| E <input type="checkbox"/> Above End of Flume | <input type="checkbox"/> Even with End of Flume | <input type="checkbox"/> Below End of Flume |
| F <input type="checkbox"/> Above End of Flume | <input type="checkbox"/> Even with End of Flume | <input type="checkbox"/> Below End of Flume |
| G <input type="checkbox"/> Above End of Flume | <input type="checkbox"/> Even with End of Flume | <input type="checkbox"/> Below End of Flume |

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)

2.25 **Operations**

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 Does the Insured have food and/or beverage sales? ☐ Yes ☐ No

If yes, please indicate receipts: Food \$ _____ * Alcohol \$ _____

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

SECTION 3: LIABILITY

3.1 **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: _____

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, in whole or part, please explain: _____

3.4 **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

C. Does the Insured contract services from others?

☐ Yes ☐ No

If yes, please describe: _____

D. Are vehicles used to transport anyone?

☐ Yes ☐ No

If yes, how often and for what purpose? _____

3.5 **Aircraft & Watercraft**

Does the Applicant own, lease or operate any aircraft and/or watercraft?

☐ Yes ☐ No

If yes, please give details: _____

IMPORTANT CHECKLIST

Please ensure the following are included with your submission:

- ☐ Diagram of Park.
- ☐ All contracts / lease agreements/hold harmless agreements between you and any other party with regard to this operation.
- ☐ Park brochure with operating times and dates (If no brochure, please list times and dates.)
- ☐ Emergency evacuation plan.
- ☐ Complete list of rides and pools with their serial numbers and manufacturers.
- ☐ Copies of Inspection Forms and Ride Operator Training Manuals.
- ☐ Copy of most current Independent Inspector Report.
- ☐ Chlorine-handling procedures.
Type of Chlorine used: ☐ Liquid ☐ Gas ☐ Powder
- ☐ Copy of current TSSA or equivalent inspection certificate.

SECTION 4: CLAIMS INFORMATION

- 4.1 Does the Insured have a formal loss-control program? ☐ Yes ☐ No

If yes, please provide details:

- 4.2 Does the Insured have a formal employee safety-training program? ☐ Yes ☐ No

If yes, please provide details:

- 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.):

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

[illegible]