

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 Theme Attraction (if different than mailing): _____

1.5 Web Site: _____

1.6 Phone: _____ Fax: _____ Email: _____

1.7 Doing Business As: _____

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

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 Please describe fully the type of "Themed Attraction" offered: _____

3.2 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

3.3 Is organization a member of IAAPA? ☐ Yes ☐ No

3.4 Projected opening and closing dates of the season: From_____ To_____

3.5 How long has insured been in business? _____

At this location? ☐ Yes ☐ No

If no, please explain: _____

3.6 How many years of management experience?

3.7 What is the total acreage of the grounds? _____

3.8 Are the grounds leased to others? ☐ Yes ☐ No

If yes, please explain: _____

3.9 Do any of the following exposures exist on your premises:

☐ Petting Zoo ☐ Camping ☐ Animal Rides ☐ Stunt Shows ☐ Laser Tag ☐ Paintball ☐ Wagon Rides

☐ Sewage Treatment Plants ☐ *Liquor Sales ☐ *Fireworks ☐ Theatre Shows ☐ Musical Shows

***May require separate application**

3.10 Are all cooking areas protected by automatic fire systems? ☐ Yes ☐ No

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

3.12 Are fire extinguishers located in each building? ☐ Yes ☐ No

3.13 What is the distance to the nearest fire station? _____

3.14 What is the distance to the nearest hospital? _____

3.15 Is there an ambulance on site? ☐ Yes ☐ No

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

Paramedic_____ EMT/EMS_____ Nurses_____ CPR certified_____

3.17 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.

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

If yes, please provide description: _____

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

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

- 3.21 How many rides do you own? _____ How many rides are contracted or leased? _____
Give description of contracted or leased rides: _____

- 3.22 Are maintenance manuals for all rides kept on premises? ☐ Yes ☐ No
- 3.23 Do the rides meet the ASTM standards? ☐ Yes ☐ No
If no, please explain: _____

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

SECTION 4: PATRON INFORMATION

- 4.1 Are patrons required to walk across public highways from the parking area? ☐ Yes ☐ No
- 4.2 Are buses or trams used on the premises? ☐ Yes ☐ No
- 4.3 Are curbs, steps or ledges highlighted? ☐ Yes ☐ No
- 4.4 Are signs posted to identify assumption of risk for rides? ☐ Yes ☐ No
- 4.5 Patron admission cost: Adult \$ _____ Child \$ _____ Discount \$ _____
- 4.6 Total annual attendance: _____
- 4.7 Previous year's gross receipts from: Admissions \$ _____ Food Beverage \$ _____ Beer/Liquor \$ _____
Novelty/Merchandise \$ _____ Rides \$ _____ Arcade Games \$ _____
Other \$ _____ (describe) _____

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: _____	\$ _____

5.2 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: _____

5.3 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: _____

5.4 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

☐ Yes ☐ No

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

☐ Yes ☐ No

Please describe the types of work let or sublet: _____

Please list number of employees and duties: _____

☐ Yes ☐ No

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

☐ Yes ☐ No

If yes, please give details: _____

5.9 **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

5.10 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.				

5.11 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.):

5.12 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

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

SECTION 6: CLAIMS INFORMATION

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

☐ Yes ☐ No

If yes, please provide details:

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

☐ Yes ☐ No

If yes, please provide details:

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

☐ Yes ☐ No

If yes, please provide details:

6.4 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 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

SECTION 7: 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: _____