



ZOOLOGICAL PARK AND AQUARIUM INSURANCE APPLICATION

Policy period required from: _____ to _____

INSURED

1. Named Insured as it is to appear on policy: _____
2. What is the Insured? ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other _____
3. Type of Institution: ☐ Zoological ☐ Aquarium ☐ Wildlife Park ☐ Oceanarium ☐ Combination _____
4. Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Address of Facility (if different than mailing): _____
City: _____ Province: _____ Postal Code: _____
5. Website: _____
Phone: _____ FAX: _____ Email: _____
6. Who owns the following?
Land: _____
Collections: _____
Buildings/Grounds: _____
7. Institution is: ☐ For-Profit ☐ Non-Profit
8. How long under present ownership? _____ How long under present management? _____
9. Additional Insureds Relationship Address
As they are to appear on the policy (MUST be approved by K&K)

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

BROKER

11. Name of Agent/Brokerage: _____
Contact Person: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ FAX: _____ Email: _____

GENERAL INFORMATION

12. Attendance
Last year's average daily attendance: _____ Last year's max. daily attendance: _____ Last year's total annual attendance: _____
Projected average daily attendance: _____ Projected max. daily attendance: _____ Projected total annual attendance: _____

13. Last Year's Revenues

a) Admission Charge

Adults \$ _____

Minors \$ _____

Total annual receipts \$ _____

Please attach financial statement.

b) Souvenir/Gift Shop Receipts \$ _____

c) Concessions

Food/Beverage \$ _____

Alcoholic Beverages \$ _____

Total concession receipts \$ _____

Are concessions contracted to others? ☐ Yes ☐ No

d) Endowments/Grants

Contributions \$ _____

Memberships \$ _____

Other \$ _____

TOTAL ANNUAL REVENUES \$ _____

14. Professional Affiliations

a) Is the institution a member of the Canadian Association of Zoos and Aquariums? ☐ Yes ☐ No

b) Is the institution accredited by the Canadian Association of Zoos and Aquariums? ☐ Yes ☐ No

15. Description of Operations (Please attach list, if necessary.)

a) GENERAL

☐ Museum ☐ Watercraft ☐ Concession ☐ *Alcoholic Beverages ☐ Novelty/Gift Shop ☐ Tram/Monorail/Train(s)

☐ Lake(s)/Pond(s)/Stream(s) ☐ Breeding Facility ☐ Breeding Loan Activities ☐ Other Loan Activities _____

*** If Alcoholic Beverages, please fill out Liquor Liability Application**

☐ Carts, Vans, Buses, Motorcycles or ATVs

☐ on-premises ☐ off-premises

☐ Veterinary Services

☐ employed ☐ contracted

☐ Off-Premises

☐ institution Please describe: _____

☐ captive facility Please describe: _____

☐ breeding facility Please describe: _____

☐ wildlife exhibitions Please list wildlife exhibited: _____

b) EDUCATIONAL (Please check, if any)

On-premises Off-premises*

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Lectures | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Demonstrations | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tours | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> School Presentations | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> College Work/Class Research Program | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Docent Program | <input type="checkbox"/> | <input type="checkbox"/> |

*Please describe any off-premises activities including live wildlife exhibitions: _____

Coverage must be specifically endorsed for any off-premises activities including wildlife.

c) RESEARCH

- ☐ Separate Research Library ☐ Formal Research Project(s)

Please describe: _____

d) SPECIAL EVENTS / ACTIVITIES / ATTRACTIONS (Please check, if any)

- ☐ Fireworks Displays ☐ Concerts ☐ Other Performance _____

Please describe: _____

- ☐ Parking Lot Events

Please describe: _____

- ☐ Special Functions (social, political events, etc. – Please attach schedule.)

Please describe: _____

- ☐ Holiday or Other Seasonal Promotions

Please describe: _____

- ☐ Publications

Please describe: _____

- ☐ Fundraisers

Please describe: _____

☐ Mechanical Rides (carnival/amusement)

Please describe: _____

☐ Animal Rides

Please describe: _____

☐ Water Rides

Please describe: _____

☐ Habitat Rides

Please describe: _____

☐ Animal Mascot Loans

Please describe: _____

☐ Petting Zoo

Please describe: _____

☐ Playground

Please describe: _____

☐ Other

Please describe: _____

16. Hours of Operation

In-season: _____ Off-season: _____

Please describe off-season activities or promotions: _____

17. Opening Date: _____ Closing Date: _____

18. Total Acreage: _____ Total Parking Lot Acreage: _____ Number of Parking Spaces: _____

19. Regulatory Compliance

a) Does the institution comply with the following?

(i) all local fire codes ☐ Yes ☐ No

If no, please explain: _____

(ii) all local, provincial and federal regulations ☐ Yes ☐ No

If no, please explain: _____

b) Does the facility comply with the Health of Animals Act as respects the following?

Facilities and Operation Standards

- | | | |
|----------------------------|------------------------------|-----------------------------|
| (i) facilities – general | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) facilities – indoor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) facilities – outdoor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) primary enclosures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (v) space requirements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Animal Health and Husbandry Standards

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| (i) feeding | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) watering/water quality | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) sanitation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) employees or attendants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (v) classification and separation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (vi) veterinary care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (vii) handling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Transportation Standards

- | | | |
|---|------------------------------|-----------------------------|
| (i) consignments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) primary enclosures used to transport live non-human primates | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) primary conveyances (motor vehicle, rail, air, marine) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) food and water requirements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (v) care in transit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (vi) terminal facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (vii) handling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please give a complete explanation for any "No" answer (Attach sheet if necessary):

20. Security

a) number and type of personnel:

☐ Private _____ ☐ Employees _____ ☐ Police _____

b) Please describe after-hours and off-season security plans:

c) Are tranquilizer guns or dart guns loaned or taken off-premises at any time? ☐ Yes ☐ No

If yes, please explain:

d) How are guns secured?

e) Please describe any alarm system present, and other burglary or theft prevention measures: _____

21. Enclosure System

a) Please describe the primary enclosure systems for all habitats, including patron separation distance and/or height (Attach sheet if necessary): _____

b) Please describe the general minimum specifications for all other primary enclosures: _____

c) Please describe the secondary enclosure system (premises perimeter fencing etc.): _____

d) Is there a separate performance area for animal acts? ☐ Yes ☐ No

If yes, please describe the type of animals involved and how they are transferred to and from performance areas: _____

e) Please explain any breaches of any enclosure system within the past five years: _____

22. Emergency Plans

a) Please attach copies of the following or list procedures on a separate sheet:

(i) emergency venomous animal injury (to others) procedure

(ii) animal recapture procedure

(iii) patron/employee emergency evacuation plan

b) Are guard dogs used? ☐ Yes ☐ No

If yes, please explain procedure: _____

23. Employees

a) number of employees: full-time _____ full-time _____

If volunteers are used, please explain their responsibilities: _____

b) Please attach a copy of employee training methods or list on a separate sheet.

24. Loaned Animals

a) Please attach the following:

(i) written policy regarding loans to others

(ii) written policy regarding loans to the institution

b) Please describe procedures of exhibiting non-owned animals at the institution:

25. Animal Waste Treatment/Disposal

a) Please explain the procedures for waste removal, treatment and/or disposal:

b) Are all waste treatment/disposal permits obtained and ordinances complied with?

☐ Yes

☐ No

If no, please explain in detail:

26. Is hands-on activity with any of the following permitted?

a) poisonous snakes (except employee handlers)

☐ Yes

☐ No

b) adult male elephants (over the age of 10)

☐ Yes

☐ No

c) horned animals

☐ Yes

☐ No

d) primates

☐ Yes

☐ No

e) off-premises exhibitions

☐ Yes

☐ No

Please explain any "Yes" answers in detail, including safety measures used:

27. 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:

\$

CAN 2328 10-24

28. **Operations:**

a) 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**

b) Does the Insured have any discontinued operations? ☐ Yes ☐ No

If yes, please state details: _____

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

29. **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

30. **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: _____

31. Professional Liability - Staff Employees and Contractors:

Please list number of employees and duties: _____

32. Workers Compensation:

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

If no, please explain: _____

33. Aircraft & Watercraft:

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

If yes, please give details: _____

34. 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

b) 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

c) Does the Insured contract services from others? ☐ Yes ☐ No

If yes, please give 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

35. 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

36. 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.)

37. Please provide deductible or self-insured retention amounts for each year noted in question 36.

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

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

39. Does the Insured have a formal loss-control program?

☐ Yes

☐ No

If yes, please provide details:

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

☐ Yes

☐ No

If yes, please provide details:

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

☐ Yes

☐ No

If yes, please provide details:

42. 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 INCLUDE COPIES OF THE FOLLOWING:

- | | |
|---|--|
| 1. institution map/diagram | 9. patron/employee emergency evacuation plan |
| 2. animal loan agreement | 10. animal recapture plan |
| 3. all contracts (including those described in application) | 11. animal acquisition/disposal plan |
| 4. amusement/carnival ride description | 12. institution schedule (including special events, promotions, exhibitions) |
| 5. last financial statement (three years, if possible) | 13. most current species inventory list |
| 6. detailed 3-year loss summary | 14. liquor licence (if alcoholic beverages are sold) |
| 7. all licences/permits | 15. employee training manual |
| 8. venomous animal injury plan | |

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: _____