



### Water Park Liability Application

Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location: \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

#### APPLICANT PREMISES OPERATIONS INFORMATION

1. **Named Insured as it is to appear on policy:** \_\_\_\_\_
2. **Doing business as:** \_\_\_\_\_
3. **Web site address:** \_\_\_\_\_
4. **Applicant is:**     Individual     Corporation     Joint Venture     Municipality  
                           Other (Specify): \_\_\_\_\_

Commercial General Liability: <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">General Aggregate</td> <td style="text-align: right; border-bottom: 1px solid black;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Products &amp; Completed Operations Aggregate</td> <td style="text-align: right; border-bottom: 1px solid black;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Personal &amp; Advertising Injury</td> <td style="text-align: right; border-bottom: 1px solid black;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Each Occurrence</td> <td style="text-align: right; border-bottom: 1px solid black;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Fire Damage (any one fire)</td> <td style="text-align: right; border-bottom: 1px solid black;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Other coverages, Restrictions, and/or Endorsements</td> <td style="text-align: right; border-bottom: 1px solid black;">\$</td> </tr> </table>	General Aggregate	\$	Products & Completed Operations Aggregate	\$	Personal & Advertising Injury	\$	Each Occurrence	\$	Fire Damage (any one fire)	\$	Other coverages, Restrictions, and/or Endorsements	\$
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Deductibles <input type="checkbox"/> Bodily Injury/Property Damage \$													

5. **Location of water park (if different):** \_\_\_\_\_  
**City:** \_\_\_\_\_    **State:** \_\_\_\_\_    **Zip:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_

6. Contact person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact person is:  Owner  General Manager  Other: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Nighttime phone number: \_\_\_\_\_  
 Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_
7. Projected opening and closing dates of water park: From: \_\_\_\_\_ To: \_\_\_\_\_
8. Years in business: \_\_\_\_\_ Under present ownership: .....  Yes  No  
 At current location?.....  Yes  No
9. How many years of management experience? \_\_\_\_\_
10. Detailed description of business: \_\_\_\_\_  
 \_\_\_\_\_
11. Describe all activities for which coverage is being requested: \_\_\_\_\_  
 \_\_\_\_\_
12. Total number of acres of park: \_\_\_\_\_ Acres of parking: \_\_\_\_\_
13. Is this an indoor or outdoor park? \_\_\_\_\_  
 Is facility ADA compliant (Americans with Disabilities Act of 1990)?.....  Yes  No
14. Are any operations performed by independent contractors? .....  Yes  No  
 If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_
- Are Certificates of Insurance obtained? .....  Yes  No
15. Do these exposures exist on your premises:  
 Amusement Rides—Describe: \_\_\_\_\_  
 Arcade  Camping  Fireworks  Liquor Sales (Attach Liquor Application—\$ \_\_\_\_\_)  
 Restaurant (Attach Supplemental Restaurant Application—\$ \_\_\_\_\_)  
 Other—Describe: \_\_\_\_\_
16. Is each water attraction attended by at least one lifeguard at all times? .....  Yes  No
17. Are lifeguards Red Cross certified? .....  Yes  No
18. Do lifeguards have weekly or daily meetings?.....  Yes  No
19. Are lifeguards rotated on a regular schedule throughout the day?.....  Yes  No
20. Are supervised safety exercise drills held periodically? .....  Yes  No  
 If yes, is a record log maintained?.....  Yes  No
21. Are swimming lessons available? .....  Yes  No  
 If yes, is a hold harmless agreement obtained? .....  Yes  No
22. What is the minimum number and type of medical personnel:  
 Paramedic \_\_\_\_\_  EMT/EMS \_\_\_\_\_  Nurses \_\_\_\_\_  
 Other—Describe: \_\_\_\_\_
23. Describe procedure in case of accident: \_\_\_\_\_  
 \_\_\_\_\_
24. Are chemicals stored in a locked area? .....  Yes  No  
 Who has access? \_\_\_\_\_

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

26. Are signs posted to identify assumption of risks for rides? .....  Yes  No

27. Cost of Admission: Adult \$ \_\_\_\_\_ Child \$ \_\_\_\_\_

Total annual attendance: \_\_\_\_\_

**28. Gross Receipts**

Previous Year Gross Receipts		Upcoming Year Estimates	
Admissions	\$	Admissions	\$
Arcade Games	\$	Arcade Games	\$
Beer/Liquor	\$	Beer/Liquor	\$
Food/Beverage	\$	Food/Beverage	\$
Novelty/Merchandise	\$	Novelty/Merchandise	\$
Other (describe):	\$	Other (describe):	\$
Total Gross Receipts	\$	Total Gross Receipts	\$

**29. List additional interests and certificate recipients:**

Name and Address	Interest

**30. Slides**

Type—Name of Slide	Age	No. of Flumes	Open/ Enclosed	Vertical drop to water (No. of feet)	Built on Hill? (Yes/No)	Built of Stilts? (Yes/No)	No. of Attendants	
							Top	Bottom

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

If yes, identify the slide and what is used: \_\_\_\_\_

Is head first sliding allowed? .....  Yes  No

31. List number of diving boards and their height: \_\_\_\_\_

32. Other Attractions—List all other water attractions: lakes, kiddie pools, swimming pools, wave pools, along with non-water attractions: play areas, picnic areas, etc.

Description	Number	Depth (when applicable)

33. Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. ....  See attached loss run

Has coverage ever been cancelled, declined or non-renewed? .....  Yes  No

If yes, please explain: \_\_\_\_\_

Year	Company	Premium	Losses Paid	Losses Reserved	Description of All Losses over \$25,000

34. Do you have the following? (If yes, attach copy)

Chemical and Chlorine-handling procedures? .....  Yes  No

Copies of Daily Inspection Forms and Attendant Training Manuals? .....  Yes  No

If no, describe daily maintenance procedures: \_\_\_\_\_

Copy of most current independent Inspector Report?.....  Yes  No

Complete list of rides and pools with their serial numbers and manufacturers? .....  Yes  No

Diagram of park? .....  Yes  No

Emergency evacuation plan?.....  Yes  No

Liability Waiver? .....  Yes  No

Park brochure with operating times and dates? .....  Yes  No

Park or slide certification? .....  Yes  No

Operating Plan, Procedure Manual?.....  Yes  No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.