



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-585-2853 • Fax 877-585-2854

### WATER PARKS

#### General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

#### Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Producer's E-mail: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture

Other (please describe): \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**1. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

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

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_  
 \_\_\_\_\_

**2. Desired Insurance**

**Limit of Liability - Professional Liability Coverage:**

Per Act/Aggregate		Per Person/Per Act/Aggregate	
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

**Self Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**3. Business Activities**

1. Person providing accounting and tax services:

- a. Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_  
 \_\_\_\_\_

2. Length of season: \_\_\_\_\_

3. Operating hours: from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

4. Describe all activities for which coverage is being requested. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Activities which are not identified and for which no coverage charge has been made are excluded. Some activities will need to be further described in supplemental questionnaires.

5. Operations manager's name: \_\_\_\_\_
- a. Years of experience: \_\_\_\_\_
- b. How long has park been in operation under current management? \_\_\_\_\_
6. Number of permanent employees: \_\_\_\_\_
7. Number of seasonal employees: \_\_\_\_\_
8. Approximate number of operating days per year: \_\_\_\_\_
9. Number of, and type of security personnel: \_\_\_\_\_
10. Number, and type of medical personnel:
- a. Paramedic: \_\_\_\_\_
- b. EMT/EMS: \_\_\_\_\_
- c. Nurses: \_\_\_\_\_
- d. Other (please describe): \_\_\_\_\_
- e. Describe training/requirements (ie., CPR, life saving courses etc.): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

11. Are regular safety meetings held with employees?  Yes  No  
 If so, how often? \_\_\_\_\_

12. How many first aid stations on premises? \_\_\_\_\_

13. What is distance to nearest hospital? \_\_\_\_\_

14. Is there a standard incident report for available to employees at all times?  Yes  No

15. Describe procedure in case of accident: \_\_\_\_\_

\_\_\_\_\_

16. Describe any safety measures/risk management plans in effect last year. \_\_\_\_\_

\_\_\_\_\_

17. What procedures have been established to deal with patrons who cause problems? \_\_\_\_\_

\_\_\_\_\_

18. Is there an ejection policy?  Yes  No

19. Do you allow chain riding?  Yes  No

20. Do you allow riders to stand?  Yes  No

21. Do you control spacing of riders?  Yes  No

22. Do you allow riders a running start?  Yes  No

23. Revenues:

	PER PERSON CHARGE	ANNUAL ATTENDANCE	GROSS ANNUAL INCOME	% OF TOTAL INCOME
Main Gate	\$	\$	\$	
Group Sales	\$	\$	\$	
Promotions	\$	\$	\$	
Season Pass	\$	\$	\$	
Complimentary	\$	\$	\$	
Other	\$	\$	\$	

24. Other revenue:

Food	\$
Liquor Sales	\$
Arcade	\$
Catering	\$
Bumper Boats	\$
Lockers	\$
Merchandise	\$
Mini Golf	\$
Pavilion Rental	\$
Go Carts (supplemental application required)	\$
Other (please describe):	\$
TOTAL	\$

**Mechanical Information**

25. Is there a qualified ride inspector to perform mechanical and electrical inspections?  Yes  No  
 If yes, give name(s) qualifications, years experience \_\_\_\_\_

26. Inspections are performed:  Daily  Weekly  Monthly  Annually

27. Is there a periodic inspection by an independent state inspector?  Yes  No

Who: \_\_\_\_\_

28. Type of chlorine used:  Liquid  Gas  Powder

a. If gas, do you have certified technician?  Yes  No

29. Complete a water slide or ride information sheet on each slide, attractions, and/or exposures. Describe the supervision, riding rules, and location of attendants or safety personnel completely.

30. Please attach the following:

- Diagram of park.
- Park brochure with operating times and dates or list times and dates.
- Emergency evacuation plan.
- Complete list of rides and pools, with their serial number and manufacturers.
- Copies of Inspection Forms and Ride Operator Training Manuals.
- Copy of most current independent Inspector Report.
- Park or slide certification by outside form. Note any slides or rides that do not pass certification.
- Liability Waiver (if used)
- Operating Plan, Procedure Manual
- Staff Manual
- Emergency Plan
- Managers Resume

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name