



## WATERPARK LIABILITY APPLICATION

### SUBMISSION REQUIREMENTS

- Completed signed / dated Supplemental Applications
- Completed ACORD Applications (Property, Auto and Umbrella Liability) if coverages requested
- Lease agreement between the insured and venue / facility owner (if applicable)
- Currently valued insurance company loss runs for the current policy period plus 4 prior years
- Safety Program and training guide for employees
- If other named insureds are to be included, attach list and describe operations of each

### BROKER INFORMATION

Broker/Agency Name:				
Address:		City:	State:	Zip:
Contact Person:				
Contact Information:		Phone #:	Fax #:	
		E-Mail:	Website:	

### GENERAL APPLICANT INFORMATION

Name of Insured:			Website:		
Insured Street Address:		City:	State:	Zip:	
Contact Person:					
Contact Information:		Phone #:	Fax #:		
		E-Mail:			
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:
Insured Status:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	Federal ID #:		
Date of Incorporation or Charter:		State where Charter or Corporation is filed:			
Name of Owner:					
Name of Insurance Contact:					

### POLICY INFORMATION

Effective Date:	Expiration Date:	Quote Need By Date:
Has insured had insurance coverage previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide 5 years currently valued loss runs.		Have coverages ever been canceled or non-renewed during past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:

*\*Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000*

### COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Other
General Liability				
Products, Completed Operations				
Personal & Advertising Injury				
Legal Liability				
Abuse & Molestation				
Liquor Liability				
Special Events				
Participant Legal Liability				
Other - Describe				



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**ADDITIONAL INSURED – Provide name, description and business relationship**

Additional Insured/Vendor Name	Description of the operations	Relationship to Insured

**WATERPARK UNDERWRITING INFORMATION**

Location of water park (if different from mailing address)			
Street:	City:	State:	Zip:
Projected opening date of water park:		Projected closing date of water park:	
Detailed description of business:			
Describe all activities for which coverage is being requested:			
Total number of acres of waterpark:		Total number of acres of parking:	
acres		acres	
Indoor or Outdoor Park?			<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Is facility ADA compliant (Americans with Disabilities Act of 1990)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate exposures exist on insured's premises:			
<input type="checkbox"/> Amusement Rides – Describe:			
<input type="checkbox"/> Animal Attractions			
<input type="checkbox"/> Arcade			
<input type="checkbox"/> Camping			
<input type="checkbox"/> Fireworks			
<input type="checkbox"/> Liquor Sales			
<input type="checkbox"/> Restaurant			
<input type="checkbox"/> Other – Describe:			
Does insured have any discontinued operations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, describe:</i>			
Cost of Adult Admission: \$		Cost of Child Admission: \$	
Total Annual Attendance:			
How is attendance determined?			<input type="checkbox"/> Turnstile <input type="checkbox"/> Numbered Ticket

**SLIDE INFORMATION**

Type—Name of Slide	Age	Number of Flumes	Open/ Enclosed	Vertical drop to water (No. of feet)	Built on Hill	Built of Stilts	Number of Attendants	
							Top	Bottom
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		



Is anything used to assist the participants in going down the slide? <i>If Yes, identify the slide and what is used:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is head first sliding allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List number of diving boards and their height:	

**OTHER ATTRACTIONS**

List other water attractions (e.g. lakes, streams, kiddie pools, swimming pools, wave pools) and non-water attractions (play areas, picnic areas, etc.)

Description	Number	Depth (if applicable)

**SECURITY & EMERGENCY SERVICES INFORMATION**

What aquatics safety program is being utilized?	
Is each water attraction attended by at least one lifeguard at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are lifeguards Red Cross certified? <i>If Yes, by which organization(s)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do lifeguards have weekly or daily meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are lifeguards rotated on a regular schedule throughout the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are supervised safety exercise drills held periodically? <i>If Yes, is a record log maintained?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are swimming lessons available? <i>If Yes, is a hold harmless agreement obtained?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum number and type of medical personnel: <input type="checkbox"/> Paramedic: <input type="checkbox"/> EMT: <input type="checkbox"/> Nurses: <input type="checkbox"/> Other (please describe):	
Describe procedure in case of accident:	
Are chemicals stored in a locked area? Who has access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a back-up emergency electrical power source for lights and communications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are signs posted to identify assumption of risks for rides?	
Describe any safety measures/risk management plans in effect:	
Minimum number and type of security personnel: <input type="checkbox"/> Professional Service: <input type="checkbox"/> Employees: <input type="checkbox"/> Uniformed Officers: <input type="checkbox"/> Other (please describe):	



Distance to nearest hospital:	
Are all public buildings sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all cooking areas protected by automatic fire systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are fire extinguishers easily accessible in all buildings? How often are they checked? Who checks them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are hydrants and hoses strategically located and accessible?	
Indicate the source of water: <input type="checkbox"/> Municipal Line: <input type="checkbox"/> Premises Reservoir: <input type="checkbox"/> Fire Station: <input type="checkbox"/> Other (please describe):	
Distance to nearest fire station: Station is operated by: <input type="checkbox"/> Professionals <input type="checkbox"/> Volunteers	
Is there a fire alarm on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured comply with the following codes: governmental building, seating, walkway, concession and sanitary codes? <input type="checkbox"/> Governmental Building <input type="checkbox"/> Concession <input type="checkbox"/> Seating <input type="checkbox"/> Sanitary <input type="checkbox"/> Walkway	

**PATRON SERVICES**

Are patrons required to walk across public highways from parking areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are buses or trams used to and from parking areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are curbs, steps, and ledges highlighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are signs posted to identify assumption of risk for rides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are handicap services provided in restrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are handicap services provided in restrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there ramps for the handicapped? <i>If Yes, where?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are smoking and non-smoking areas identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there back-up emergency electrical power sources for lights and communications?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**REVENUE BREAKDOWN**

Description	Past Year Gross Receipts	Project Year Gross Receipts
Admissions	\$	\$
Arcade Games	\$	\$
Beer / Liquor	\$	\$
Food / Beverage (Non-Alcoholic)	\$	\$
Novelty / Merchandise	\$	\$
Other – Please describe:	\$	\$
<b>Total Receipts</b>	\$	\$



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**EVENT INFORMATION – Provide the following information for all Special Events not sponsored by insured on which coverage is desired.**

Event Name & brief description	Location	Date/s	Estimated Attendance

**HIRED AND NON-OWNED AUTO LIABILITY**

**Complete this section if you need a quote for Hired and Non-Owned Auto Coverage. If you do not need a quote for Hired and Non-Owned, skip this section.**

Does the insured have any owned automobiles? <i>If Yes, who is the insurer?</i> Limits of coverage: \$ _____ Effective date of coverage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured allow employees to use their own person vehicles for business purposes? <i>If Yes, how many employees use their personal vehicles?</i> <i>If Yes, how often?</i> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured obtain Motor Vehicle Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? <i>If Yes, what limits are required?</i> \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a driver training program for employees who use owned vehicles or their own personal vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits of coverage required: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other	

**ABUSE AND MOLESTATION**

**Complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote, skip this section.**

Does the insured have custodial responsibility for minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured's employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured run background checks on all employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a written set of procedures for screening employees and volunteers? <i>If Yes, please forward. If No, please describe screening process.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have an Abuse & Molestation Policy with regard to sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe specific policy regarding any overnight travel.	
Has insured's organization ever had an incident which resulted in an allegation of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate age range of minors in insured's care or under the supervision of insured's employees/volunteers at any time.	



## Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:	
1. Company loss runs currently valued for the past 5 years including current year	<input type="checkbox"/>
2. Copies of expiring policies including any manuscript forms	<input type="checkbox"/>
3. Detailed list of all insureds and their descriptions	<input type="checkbox"/>
4. Detailed list of all insured locations and their descriptions	<input type="checkbox"/>
5. List & description of any ancillary activities to be covered	<input type="checkbox"/>
6. Copies of all event brochures you participant in	<input type="checkbox"/>
7. Copy of all subcontractor agreements including certificates of insurance naming the Insured as an additional insured (liquor, pyrotechnics, security, product providers, etc.)	<input type="checkbox"/>
8. Copy of licensing agreement with any firm or manufacturer to provide products, souvenirs, apparel, etc.	<input type="checkbox"/>
9. Copy of adult and minor waiver and release and/or assumption of risk forms	<input type="checkbox"/>
10. Copy of your formal officials and/or coaches instruction program	<input type="checkbox"/>
11. Copy of all rule books and association manuals	<input type="checkbox"/>
12. Copy of your formal athlete injury control program	<input type="checkbox"/>
13. Copy of your procedures for screening employees and volunteers	<input type="checkbox"/>
14. Copy of your abuse and molestation policy and procedures	<input type="checkbox"/>

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

**I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

  

_____ Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant	_____ Applicant's Printed Name:
Title: _____	Date: _____
Producer Name: _____	License#: _____



**THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.**

## **STATE SPECIFIC FRAUD WARNINGS**

### **GENERAL STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

### **APPLICABLE IN COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **APPLICABLE IN THE DISTRICT OF COLUMBIA**

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### **APPLICABLE IN FLORIDA**

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

### **APPLICABLE IN HAWAII**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **APPLICABLE IN KANSAS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

### **APPLICABLE IN MINNESOTA**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **APPLICABLE IN NEW HAMPSHIRE**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **APPLICABLE IN OHIO**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **APPLICABLE IN OKLAHOMA**

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### **APPLICABLE IN VERMONT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

### **APPLICABLE IN 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.