



APPLICATION FOR: Amusement – Water Park

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Notice: The Policy for which this Application is made, subject to its terms, applies only to any Claim (as applicable in the Coverage Section for which Application is made) made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Costs, Charges and Expenses (as defined in the Coverage Section for which Application is made), and Costs, Charges and Expenses shall be applied to the retentions. Submission of this Application does not guarantee coverage.

SECTION I. SUBMISSION REQUIREMENTS

- Completed & Signed Alive Risk Supplemental and ACORD 125 & 126 Applications
5 Years Loss Runs - Currently valued
Copy of current waivers
Copy of Employee Training, Safety, and Maintenance Manuals
Copy of Daily Maintenance Checklist/Logs
Website information, brochures and/or photos, of each attraction
Copy of any existing State Certifications and/or Inspections
Ownership Breakdown, Experience and/or Resume
Certificate of Insurance from any Sub Contractor and/or Independent Contractor
Copy of all agreements including Lease Agreements, Subcontractor Agreements, etc.

SECTION II. GENERAL INFORMATION

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

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Insured ("Applicant"): \_\_\_\_\_

DBA \_\_\_\_\_ Insured is [ ] Corp [ ] LLC [ ] Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Premises Address: \_\_\_\_\_

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

Is the proposed insured a subsidiary of another company? [ ] Yes [ ] No

If yes, provide name of parent company: \_\_\_\_\_

Does facility comply with ADA Requirements? [ ] Yes [ ] No

Size of facility: Square Footage: Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Acreage \_\_\_\_\_

Number of years in business \_\_\_\_\_ Number of years under current management \_\_\_\_\_

Have you used any Amusement Facility Consultant? [ ] Yes [ ] No

If yes, whom? \_\_\_\_\_

Proposed Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Prior Insurance Carrier \_\_\_\_\_ Has insurance ever been canceled?  Yes  No

What is your expiring premium for General Liability? \_\_\_\_\_ Excess? \_\_\_\_\_

Limits requested? \_\_\_\_\_

What associations do you belong to? \_\_\_\_\_

Hours of operation: \_\_\_\_\_ Operating Season: \_\_\_\_\_

Are you aware of any circumstances that may result in a claim made against you?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**SECTION III. PREMISES INFORMATION**

Do you own or lease premise? \_\_\_\_\_ Other occupancies \_\_\_\_\_

Describe parking facilities - location, lighted, sloped, etc. \_\_\_\_\_

Describe type of security (armed/unarmed) for parking, facility, etc. \_\_\_\_\_

\_\_\_\_\_

If hired security, is Certificate of Insurance provided, naming you as an additional insured?  Yes  No

If security is in-house, what type of training is provided? \_\_\_\_\_

\_\_\_\_\_

Is Assumption of Risk signage present?  Yes  No

If yes, describe type, location and provide photos: \_\_\_\_\_

\_\_\_\_\_

Are waivers signed for any of the attractions?  Yes  No

If yes, which attractions? \_\_\_\_\_

Number of surveillance cameras      Inside \_\_\_\_\_      Outside \_\_\_\_\_      Total \_\_\_\_\_

Type of surveillance system \_\_\_\_\_      How long is video stored? \_\_\_\_\_

Does surveillance capture all elements in the facility?  Yes  No

Number of employees certified in CPR & First Aid \_\_\_\_\_

Is there at least one employee, certified in CPR and First Aid, present at all times?  Yes  No

Describe medical facilities provided: \_\_\_\_\_

Describe how injuries and medical emergencies are handled and by whom? \_\_\_\_\_

\_\_\_\_\_

Are there any employed nurses or physicians?  Yes  No

Are there any programs that allow overnight stays?  Yes  No

If yes, describe: \_\_\_\_\_

Any operations sold, acquired or discontinued in the last 5 years?  Yes  No

Any storage, disposing, discharging or transporting of hazardous materials?  Yes  No

If yes, describe: \_\_\_\_\_

Do ALL Attractions, Equipment and Fencing meet ASTM standards?  Yes  No

Do you sponsor any sporting, competitions or social events?  Yes  No

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

Do you host any special and/or live events?  Yes  No

If yes, describe: \_\_\_\_\_

Do you belong to any associations (e.g. IAAPA, World Water Park Association)?  Yes  No

If yes, which ones? \_\_\_\_\_

Do you have any interest in Active Shooter coverage?  Yes  No

Are written contracts entered into?  Yes  No

Remarks: \_\_\_\_\_

**SECTION IV. FINANCIAL INFORMATION** \*Must provide current Financial Statement to verify receipts\*

**A. ATTRACTION INFORMATION: GROSS ANNUAL RECEIPTS (Current and Next Year Estimated)**

Total Gross Receipts \_\_\_\_\_ Average Annual # of Attendance \_\_\_\_\_

Attraction	Last Year's Receipts	This Year's Receipts (Estimated)
Water Park Attractions		
Rock/Climbing Wall		
Zip Lines/Ropes Course		
Arcade/Simulators		
Campgrounds		
Hotels		
Food		
Liquor		
Merchandise		
Other:		

**SECTION V. OPERATIONS**

**A. WATER PARK**  N/A

**SCHEDULE OF ATTRACTIONS (Provide a schedule of slides and attractions with manufacturer names)**

Who is the slide manufacturer? \_\_\_\_\_

Are slides operated per manufacturer's guidelines?  Yes  No

If slide is elevated, what types of support structures are used? \_\_\_\_\_

Are mats/tubes or other devices used by riders?  Yes  No

What is the maximum depth of the pool? \_\_\_\_\_ Are pool depths clearly marked?  Yes  No

What is the maximum capacity of pool at any one time? \_\_\_\_\_

Describe the type of water filtration system and water recovery system: \_\_\_\_\_

What is the volume of chemicals stored (in gallons by type)? \_\_\_\_\_

Is the chemical mixing done manually or by computer? \_\_\_\_\_ How often? \_\_\_\_\_

What procedures are in place to prevent any type of bacteria/disease/fecal matter in the water? \_\_\_\_\_

Are any diving boards in excess of 3 meters high?  Yes  No

If yes, how many? \_\_\_\_\_

Do you allow or offer "head first" sliding?  Yes  No

Are Assumption of Risk signs posted on every slide? (If yes, provide photos of signs.)  Yes  No

Are there any provisions for handicapped persons?  Yes  No

Are there lifeguards or slide supervisors controlling the flow of participants at each slide and posted at the bottom of each slide at the landing zone pools?  Yes  No

Provide number of Lifeguards: \_\_\_\_\_ Are all lifeguards certified in CPR and First Aid?  Yes  No

Lifeguards trained and certified by:  Ellis & Associates  American Red Cross  NASCO  Other (below)

Who is providing the certification/safety training? \_\_\_\_\_

Are the employees licensed or certified by the State?  Yes  No

If yes, please provide name and type of license: \_\_\_\_\_

Is there a medical aid station on site?  Yes  No

Are any of the medical services sub-contracted to another company?  Yes  No

If yes, please **provide proof of insurance naming you as an additional insured.**

Are lockers, changing rooms and/or showers available?  Yes  No

List any additional water park features with capacity (e.g. Flow Rider, Wave machines, Cabanas, etc.): \_\_\_\_\_

**B. ROCK/CLIMBING WALL**  N/A

Who is the manufacturer? \_\_\_\_\_ Who installed Walls? \_\_\_\_\_

Are participants allowed to climb on their own?  Yes  No

Number of walls \_\_\_\_\_ What is the height of the Bouldering/Traversing wall? \_\_\_\_\_

Are spotters required?  Yes  No

How are participants checked in? \_\_\_\_\_

Does rock wall meet all CWIG (Climbing Wall Industry Group) standards?  Yes  No

What type of safety equipment is used? \_\_\_\_\_

Describe the belay system: \_\_\_\_\_

Describe Safety Inspection policy for wall, hardware, equipment and rental gear: \_\_\_\_\_

Who is responsible for maintenance inspections? \_\_\_\_\_

How often are inspections done? \_\_\_\_\_ Is there a waiver signed?  Yes  No

If yes, **provide copy.**

Describe employee training procedures? \_\_\_\_\_

What type of assumption of risk signs (indicating age, size, height, rules, etc.)? \_\_\_\_\_

Type of instructions given:  Verbal  Video loop  Recorded message  Written

Describe landing surface – thickness, makeup, extent of fall protection: \_\_\_\_\_

Are there any mobile rock walls?  Yes  No

If yes, how often are they off premises? \_\_\_\_\_

How many attendants are stationed at each rock wall? \_\_\_\_\_

**C. ZIP LINES/ROPES COURSE**  N/A

Who is the manufacturer? \_\_\_\_\_ What year was course built? \_\_\_\_\_

Who originally installed/built the course? \_\_\_\_\_

Have any additions/modifications been made after course was originally constructed?  Yes  No

If yes, describe additions/modifications and year completed: \_\_\_\_\_

Number of zip lines: \_\_\_\_\_

How many feet is the longest zip line? \_\_\_\_\_

Number of elements: \_\_\_\_\_

What is the height of the elements? \_\_\_\_\_

List/describe elements: \_\_\_\_\_

Describe fall protection systems at Transfer Stations: \_\_\_\_\_

Describe zip line braking system: \_\_\_\_\_

Describe emergency plan if patron is stranded on the zip line: \_\_\_\_\_

Describe participant lanyard system at Transfer Stations: \_\_\_\_\_

How often is course inspected? \_\_\_\_\_ By whom? \_\_\_\_\_

**Provide inspection checklist and training manual.**

What is staff to participant ratio? \_\_\_\_\_

Have there been any issues with State Inspections?  Yes  No

If yes, describe: \_\_\_\_\_

Are participants notified of difficulty levels at Transfer Stations?  Yes  No

What is the approximate time a participant will take to complete the course? \_\_\_\_\_

What is the maximum number of elements a participant must complete before they have an opportunity to exit the course? \_\_\_\_\_

Are there any zip lines or ropes courses that can be moved from property or mobile?  Yes  No

Does the course have a supervised practice area? **Provide diagram of course.**  Yes  No

Do you follow the ANSI/PRCA American National Standard (ANS)?  Yes  No

**D. RESTAURANT/SNACK BAR**

N/A

Restaurant exposure:  Full Service  Snack Bar  Lessor's Risk

Square foot? \_\_\_\_\_

Is food area lease/subcontracted out?

Yes  No

If leased, does insured receive COI from sub contractor listing them as an additional insured?

Yes  No

If yes, **provide contract**

Are alcoholic beverages sold on premises (e.g. beer, wine, liquor)?

Yes  No

Are portable fire extinguishers provided in kitchen?

Yes  No

Who is responsible for cleaning hoods and ducts? \_\_\_\_\_

How often? \_\_\_\_\_

Are cleaning records kept?

Yes  No

Number of each: Deep Fryers: \_\_\_\_\_ Ovens: \_\_\_\_\_ Grills: \_\_\_\_\_ Broilers: \_\_\_\_\_ Ranges: \_\_\_\_\_

Describe maintenance/inspections procedures \_\_\_\_\_

Have there been any issues with State Inspections?

Yes  No

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

**E. CHILD CARE/CHILD DROP-OFF/LOCK-INS**

N/A

What is the maximum number of children dropped off/left in your care at one time? \_\_\_\_\_

What is the ratio of monitor to child left in your care? \_\_\_\_\_

What is the minimum age of a child left in your care? \_\_\_\_\_

What are the maximum hours per day that a child may be in your care? \_\_\_\_\_

What type of system do you have in place for checking in/out children when they arrive and depart? \_\_\_\_\_

Do you have written training/safety procedures including performing background checks on employees or volunteers in charge of drop-off service?

Yes  No

If yes, **provide a copy.**

Briefly describe the programs you offer for children to be dropped off and supervised by employees? \_\_\_\_\_

**F. HIRED AND NON-OWNED**

N/A

Do you have a Business Auto Policy for owned autos?

Yes  No

If yes, **NOTE – Coverage should be placed under your Auto Carrier.**

Does insured allow employees/volunteers to use their personal vehicles for business purposes?

Yes  No

If yes, how often? \_\_\_\_\_

Total number of Employees \_\_\_\_\_

Total number of Volunteers \_\_\_\_\_

Does insured obtain Motor Vehicle Reports?

Yes  No

If yes, how often? \_\_\_\_\_

What are the auto minimum limits the insured requires of their employees/volunteers? \_\_\_\_\_

How often does insured lease, borrow or hire any vehicles for business? \_\_\_\_\_

What type of vehicles are used and for what purposes? \_\_\_\_\_

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

Submitted by: \_\_\_\_\_  
(Agent)

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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