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## WATER PARK LIABILITY APPLICATION

Applicant's Name: _____ Mailing Address: _____ _____ Location: _____ _____ Website Address: _____	Agency Name: _____ Agent: _____ Address: _____ _____ E-mail: _____ Phone: _____
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**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" (N/A)

### APPLICANT PREMISES OPERATIONS INFORMATION

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

Commercial General Liability: <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	General Aggregate	\$
	Products & Completed Operations Aggregate	\$
	Personal & Advertising Injury	\$
	Each Occurrence	\$
Deductibles <input type="checkbox"/> Bodily Injury/Property Damage \$	Fire Damage (any one fire)	\$
	Other coverages, Restrictions, and/or Endorsements	\$

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	\$ _____	\$ _____
Arcade Games	\$ _____	\$ _____
Beer/Liquor	\$ _____	\$ _____
Food/Beverage	\$ _____	\$ _____
Novelty/Merchandise	\$ _____	\$ _____
Other (Describe):	\$ _____	\$ _____
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?	Built of Stilts?	No. of Attendants	
							Top	Bottom
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE 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 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 STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

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

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

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

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**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.

Agent Email: \_\_\_\_\_ Preferred Method of Correspondence  Email  Fax  Mail

Applicant Email: \_\_\_\_\_ Preferred Method of Correspondence  Email  Fax  Mail