

SCOTTSDALE OFFICE:
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 FAX: (480) 948-1394 TOLL FREE (866) 240-8807



UTAH OFFICE:
 P.O. Box 571770, MURRAY, UT 84157-1770
 849 W. LE VOY DRIVE, SUITE 230, TAYLORSVILLE, UT 84123
 PHONE: (801) 290-1144 WATS (800) 594-8900
 FAX (801) 290-1160 TOLL FREE (800) 332-9285

ZOO LIABILITY SUPPLEMENTAL APPLICATION
 (Complete in addition to the ACORD Application)

Applicant's Name: _____

 Location Address: _____

Agency Name: _____

 Agent No.: _____
 Phone No.: _____

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

APPLICANT PREMISES OPERATIONS INFORMATION

1. **Type of Institution:** Aquarium Petting Zoo Wildlife Park Zoological Park
 For-Profit Non-Profit Other—Describe: _____

2. **Average Daily Attendance:**
Maximum Daily Attendance:
Total Annual Attendance:

3. **Hours of Operations:** In-Season: _____ to _____ Off-Season: _____ to _____
 Describe off-season activities or promotions: _____

4. **Total Acres:**

5. **Revenues:**

Admission Charge	\$	Membership/Contributions/etc.	\$
Alcoholic Beverages	\$	Souvenir/Gift Shop Receipts	\$
Food/Beverage	\$	Stroller Rentals	\$
Horse Drawn or Motorized Rides	\$	Trail Rides	\$
Pumpkin Patch, Corn Maze	\$	Wheelchair Rentals	\$
Ponies, Elephants, Camels or Other Zoo Animals Rides	\$	Other—Explain:	\$
Total Annual Revenue from all Sources			\$

6. **Is the institution accredited by the AZA (Association of Zoos and Aquariums)?** Yes No

7. **Who staffs the applicant's first aid station?** Doctor Nurse Other—Explain: _____

8. Number of employees:

Full-time:.....

Part-time:

Volunteers:.....

Explain volunteers' responsibilities: _____

Do volunteers sign waivers of liability? Yes No

9. Check all that apply:

Amusement Devices

Describe: _____

Audience participation or photos with animals

Describe: _____

Animal Rides

Describe: _____

Breeding Loan Activities

Describe: _____

Breeding Facility

Describe: _____

Children's Day Camp

Describe: _____

Children's Overnight Camp

Describe: _____

Demonstrations

Describe: _____

Educational Programs

Describe: _____

Fireworks Display

Describe: _____

Fundraisers

Describe: _____

Lake(s)/Pond(s)/Stream(s)

Describe: _____

Loan animals to travelling circuses With Operator Without Operator

Describe: _____

Petting Zoo Area

Describe: _____

Does applicant have a handwashing station at the exit of the petting zoo? Yes No

Is a staff member/attendant present? Yes No

Does applicant exhibit pythons or boa constrictors? Yes No

If yes, are they caged? Yes No

Does applicant ever exhibit animals off-premises? Yes No

If yes, describe situations and explain means of transporting animals: _____

Animal Type	Number	Animal Type	Number	Animal Type	Number

- Renting space to outside vendors for special events or fundraisers?** Yes No
 Does applicant obtain certificates of insurance?..... Yes No
 Is applicant listed as additional insured on vendors policy? Yes No

School Presentations
 Describe: _____

Special Events/Activities/Attractions
 Describe: _____

Tours of Premises
 Describe: _____

Tram/Monorail/Train(s)
 Describe: _____

Watercraft
 Describe: _____

Wildlife Exhibitions
 Describe: _____

10. Describe after-hours and off-season security plans: _____

- 11. Does applicant keep firearms on the premises in case of an animal escape?** Yes No
 Are firearms locked in cabinets accessible only to key personnel? Yes No
 Are tranquilizer guns or dart guns loaned or taken off-premises at any time?..... Yes No
 If yes, describe: _____

- 12. Are the applicant's security guards licensed/trained to use a firearm?**..... Yes No
 Are background checks done on all security guards?..... Yes No
 If no, explain: _____

- 13. Are guard dogs used?**..... Yes No
 Number of guard dogs:..... _____

14. Describe enclosure system for all habitats, including separation distance between animals and public: _____

- 15. Have there been any breaches of enclosure systems within the past five years?** Yes No
 If yes, explain: _____

16. Explain the procedures for animal waste removal and treatment: _____

17. If applicant operates a "safari park," are convertibles or soft-top vehicles prohibited from entering the park? Yes No
 Are closed-circuit television cameras stationed throughout each habitat's perimeter to monitor visitors? Yes No
 Explain what procedures are in place if visitor's car breaks down: _____

18. Is applicant in compliance with federal and state regulations for the ownership and transfer of exotic animals? Yes No
 If no, explain: _____

19. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No
 If yes, describe: _____

20. Does applicant have any other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured: _____

21. Does applicant have the following? If yes, attach copy.
- | | | |
|---|------------------------------|-----------------------------|
| Animal loan agreement?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Animal recapture plan?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Brochures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Institution map/diagram? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Institution schedule, including special events, promotions, exhibitions?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Liquor license (if alcoholic beverages are sold)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| USDA Registered Exhibitor License?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Venomous Animal Injury Plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

Refer to Application form for State Fraud Warnings.

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 NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
 (Must be signed by an active owner, partner or executive officer)

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)

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.

Agent Email: _____ Preferred Method of Correspondence Email Fax Mail

Applicant Email: _____ Preferred Method of Correspondence Email Fax Mail