



Recreational General Applicant Information

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

APPLICANT NAME: <small>(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)</small>						
FEIN	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Individual <input type="checkbox"/> Other					
Mailing Address:						
Operations Address:						
Description of Operations:						
Inspection Contact:				Phone Number:		
Website Address:				E-Mail Address:		
Do you conduct any Operations or Businesses or Activities not covered under this application of insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", please describe:						
Proposed Effective Date:		Proposed Expiration Date:		Operating Season:		
Year operation opened:		Total Management Experience in this type of Operation:				
Is this a new venture or operation? *IF YES - MANDATORY to submit a Resume or Summary of Qualifications*				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Your Insurance Ever Been Cancelled or Non-Renewed?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes - Please explain:						
Limits of Liability Required:	Per Occurrence:			Aggregate:		
Deductible per Claim	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000					

Submission requirements for all Operations:	
<input type="checkbox"/>	Copies of Brochures
<input type="checkbox"/>	Ropes Courses/Zip lines – Owned - Copy of the Latest Inspection with proof that all deficiencies were repaired
<input type="checkbox"/>	Safety Guidelines and/or Safety Program Manual Provided to your Staff
<input type="checkbox"/>	3 Years of Loss Runs from Prior Carriers

GENERAL OPERATIONS INFORMATION

1. Are all guests, clients, students required to Sign a Release of Liability Prior to Participating in the Activity? Yes No
2. Do you cross check waiver signature with identity? Yes No
3. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? Yes No
4. Are any operations conducted outside the United States? Yes No
 - 4a. IF YES, What % of receipts related to International operations? %
 - 4b. Do you require Travel Medical/Accident Coverage be purchased? Yes No
 - 4c. IF NO, Do you require participants to confirm that their health insurance carrier covers them internationally? Yes No
5. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety? Yes No
6. Do you hire Concessionaires, Independent Contractors or Subcontractors? Yes No
 - 6a. IF YES, For what Activities - Duties?
 - 6b. IF YES, Do you obtain Proof of Insurance with AI status from them? Yes No
7. Do you provide On-The-Job Training or Tryouts for individuals PRIOR to Hiring them as employees? Yes No
 - 7a. IF YES, Do you require them to sign a special waiver prior to allowing them to Train or Try-Out? Yes No
8. Do you have a formal written PROCEDURE & TRAINING manual for your operations? Yes No
9. Is there at least one supervisor, site manager, or employee on duty at all times that obtains CPR/1st Aid Certification? Yes No
10. Have you or any operators had their driver's license either revoked or suspended in the past 3 yrs? Yes No
 - 10a. IF YES, Explain: _____
11. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? Yes No
12. Do you Sell products that you manufacturer, install or assemble? Yes No
 - 12a. IF YES, Explain: _____
13. Are there any attractive nuisances on the premises (playgrounds, ponds, machinery, and other structures)? Yes No
 - 13a. IF YES, Please list all: _____
14. Do you conduct any non-guided activities: Yes No
 - 14a. IF YES, Please describe in detail: _____
15. In the last 5 years, have you been engaged or are presently engaged in a similar business operation under another business name? Yes No
 - 15a. IF YES, Business Name, Start/End Date, & Location: _____
16. Do you require background checks on all employees? Yes No
 - 16a. IF NO, do you require background checks on employees that work with minors? Yes No
17. Are employees cross checked on the National Sex Offender Registry? Yes No
18. Do all guides carry at all times a communication device? (e.g. radio, cell phone, etc.) Yes No
19. Has any guide been involved in an incident with resulted in death or serious injury? Yes No
 - 19a. IF YES, please provide details: _____

20. Are all guides licensed per your state or government agency's guidelines? Yes No
21. Do you utilize mobile equipment in your operations: Yes No
 - 21a. IF YES, what kind and purpose: _____

PRIOR CARRIER INFORMATION

NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

Have you had any incidents or claims in the past 5 years? <input type="checkbox"/> Yes / <input type="checkbox"/> No (If yes please provide details below)	
	\$
	\$
	\$

ADDITIONAL INSUREDS (As they are to appear on the Policy):		Check Here if None: <input type="checkbox"/>			
Name	Address	Relationship to you	Excess Required	Occ Limit	Agg Limit
			<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		

REVENUE BREAKDOWN FOR ALL ACTIVITIES

Total Receipts for the Last 12 months:	All other receipts:
Explain Other Receipts:	
Estimated Receipts for the Next 12 Months:	All other receipts:
Explain Other Receipts:	

GUIDE & INSTRUCTOR QUALIFICATION INFORMATION – ALL ACTIVITIES – USE A SEPARATE SHEET IF NEEDED

AGE	FULL NAME	YRS OF EXPER.	1ST AID & CPR?	OTHER APPLICABLE CERTIFICATIONS FOR EACH GUIDE

It is hereby agreed and understood that this application for insurance is subject to review by underwriting. Coverage is not bound until submission for insurance is acceptance by First Flight Insurance Group, Inc., all signed forms are in place, AND the total required deposit premium has been paid in full. Binder of Coverage will be confirmed with a signed Binder or a Policy, as issued by First Flight Insurance Group, Inc. No other entity or agent has the right to bind coverage or issue a Certificate of Insurance or Binder for coverages submitted under this application.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Signature:

_____ Date: _____

Applicant's Printed Name:

_____ Applicant's Title: _____



WATERPARK

REVENUE BREAKDOWN FOR ALL ACTIVITIES

TOTAL GROSS REVENUES FOR ALL ACTIVITIES: \$ _____

ALL OPERATIONS MUST BE DECLARED - ONLY GUIDED ACTIVITIES ARE ELIGIBLE FOR THIS INSURANCE

	ATTENDENCE	ADMISSION REVENUE	CONCESSION REVENUE	OTHER REVENUE
CURRENT YEAR:				
PRIOR YEAR 1:				
PRIOR YEAR 2:				

OPERATING SEASON			
FULL TIME DATES:		FULL TIME HOURS:	
PART TIME DATES:		PART TIME HOURS:	
PARK CAPACITY:		DAYS AT CAPACITY:	
RESTAURANT			

FIRST AID / MEDICAL	
NAME OF LOCAL MEDICAL FACILITY:	
ADDRESS:	
DESCRIBE ON SITE FIRST AID FACILITY:	

INSPECTIONS	DATES	AUTHORITY	FREQUENCY
HEALTH:			
ELECTRIC:			
FIRE:			
ENGINEERING:			
RIDE SAFETY:			
DESCRIBE IN HOUSE INSPECTION PROCEDURE:			

MECHANICAL RIDE / ATTRACTION NAME	MFG NAME FOR RIDE / ATTRACTION	YEAR MANUFACTURED	YEAR INSTALLED

GENERAL OPERATIONS

1. Who trains your staff? _____
 2. What type of chlorine do you use? _____
 3. How is chlorine storage area secured? _____
 4. How are chemicals stored and secured? _____
-
5. Does each ride/activity have instructional & warning signs posted? Yes No
 6. Are all rules pertaining to acceptable conduct & use of park facilities posted so that they can be read by ever patron entering the park? Yes No
 7. Do you provide USCG approved life vests for inadequate swimmers? Yes No
 8. Are lifeguards stationed at the top and bottom of each attraction? Yes No

IF YOU DO NOT CONDUCT AN ACTIVITY LISTED – PLEASE CHECK OFF THE “NO EXPOSURE” BOX

SERPENTINE SLIDES NO EXPOSURE

NAME	# OF FLUMES	FLUME LENGTH	MAT OR TUBE (M / T)	VERTICAL DROP (Y / N)	TOWER OR IN GROUND	MFG	YEAR INSTALL	POOL OR RUN OUT SIZE & DEPTH

SPEED SLIDES NO EXPOSURE

NAME	# OF FLUMES	FLUME LENGTH	MAT OR TUBE (M / T)	VERTICAL DROP (Y / N)	HUMPS (Y / N)	MFG	YEAR INSTALL	POOL OR RUN OUT SIZE & DEPTH

SLED SLIDES NO EXPOSURE

NAME	# OF FLUMES	FLUME LENGTH	MAT OR TUBE (M / T)	VERTICAL DROP (Y / N)	TOWER OR IN GROUND	MFG	YEAR INSTALL	POOL OR RUN OUT SIZE & DEPTH

DROP SLIDES NO EXPOSURE

NAME	# OF FLUMES	FLUME LENGTH	# OF HUMPS	# OF FREE FALLS	POOL DEPTH	MFG	YEAR INSTALL	DISTANCE OF DROP

STOP AND GO SLIDES NO EXPOSURE

NAME	# OF FLUMES	FLUME LENGTH / WIDTH	# OF POOLS	# OF ENTRANCE/ EXITS	VERTICAL DROP (Y / N)	MFG	YEAR INSTALL	HOURLY CAPACITY

LAZY RIVER NO EXPOSURE

- Does the river have: Branches or On a continuous loop
 - IF BRANCHES, how many? _____
- Total Length? _____ Width? _____
- Number of: Entrances: _____ Exits: _____
- What is the maximum water depth? _____
- Describe any attractions that empty into the river: _____

- Describe any water effects (e.g. tunnels, dumping buckets, etc.) _____

WAVE POOL NO EXPOSURE

- What is the total surface area? _____
- Width: Beach End: _____ Head Walk Width: _____
- What is the maximum water depth? _____
- How is access to the pool controlled: _____

ACTIVITY POOL NO EXPOSURE

- What is the total surface area? _____
- What is the maximum water depth? _____
- Number of activities? _____
 - List activities: _____

- How is access to the pool controlled: _____

KIDDIE ACTIVITY POOL NO EXPOSURE

- What is the total surface area? _____
- What is the maximum water depth? _____
- Number of activities? _____
 - List activities: _____

- How is access to the pool controlled: _____

WATERPARK – MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY
BY AFFIXING MY INITIALS, APPLICANT AGREES TO ADHERE TO EACH OF THE FOLLOWING MANDATORY REQUIREMENTS FOR BOTH OBTAINING AND MAINTAINING INSURANCE COVERAGE
ADHERENCE TO THESE GUIDELINES IS MATERIAL TO THE ISSUANCE OF INSURANCE COVERAGE.

PLEASE REVIEW AND INITIAL THAT YOU AGREE TO FOLLOW EACH REQUIREMENT

*** PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY ***

No.	Initials	Requirements
1.		The park is required to abide by all local, state and federal laws.
2.		All equipment used must be inspected before use and maintained according to manufacturer's guidelines.
3.		The operator must, for the duration of the policy, maintain and hold all necessary Federal, State, City or local certificates and/or licenses as required for those activities covered by this insurance.
4.		All equipment is to be checked by the insured or employees of the insured prior to use in compliance with manufacturer recommendations and guidelines. Proper records will be maintained on all repairs and adjustments made to such equipment. All repairs to equipment or adjustments made to equipment must be done in compliance with manufacturer's specifications. Complete and proper records are to be maintained for all equipment adjustments/repairs.
5.		Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to (a) participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs (b) take or consume alcohol or drugs during the guided activities at any time.
6.		A Red Cross or similarly qualified lifeguard or lifeguards is / are on duty at all times during swimming and or water activities. The park must also have an emergency plan and first aid available.
7.		All employees will be fully trained and informed of all rules and regulations regarding the recreational activity.
8.		Safety equipment specific to the water activities to be engaged in must be worn by all participants at all times while engaging in the activity. Participants are not allowed to make any adjustments to any such equipment..
9.		Insured will continuously maintain control of all clients to avoid unsafe activities, and monitor clients to ensure their safety in the activity.
10.		All facilities will have complete enclosure fences / railings with suitable locking gates.
11.		All facilities will display clearly signage for the safe use of the facility and prohibiting any diving activities.
12.		It will be the operations manager, guide and/or employee's responsibility to evaluate and determine if weather conditions are favorable for water activities. No facility manager / employee shall knowingly permit water activities in fog, blizzard and hazardous conditions or during a known lightning storm within 5 miles from the facility.
13.		All incidents regardless of severity will be reported to the company immediately.
14.		You shall have an emergency evacuation plan in the event of inclement weather.
15.		All vendors or subcontractors shall maintain a current certificate of insurance with your business named as "Additional Insured" and with a minimum limit of \$1,000,000.

FIRST FLIGHT AND UNDERWRITERS ANTI-FRAUD STATEMENT

THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) First Flight Insurance Group, Inc. and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

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

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

For residents of 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 its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: 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.

For residents of New York: 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.

For residents of Pennsylvania: 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 a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: 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.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned acknowledges having read this Anti-Fraud Statement.

Applicant _____

Date _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby ELECT to PURCHASE coverage for acts of terrorism for a prospective premium of 15% of premium quoted .
	I hereby ELECT to have coverage for acts of terrorism EXCLUDED from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.
Policyholder/Applicant's Signature	DATE
Print Name	#4472 Syndicate on behalf of certain Underwriters at Lloyd's