

Zoo Liability Supplemental Application

(Complete in addition to General Application and General Liability Renewal Application)

Applicant's Name: _____

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"

APPLICANT PREMISES OPERATIONS INFORMATION
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1. Named Insured as it is to appear on policy: _____

2. Doing Business As: _____

3. Mailing Address: _____

4. Location of business (if different): _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

5. Contact person: _____ Title: _____

Daytime phone: _____ Nighttime phone: _____ Fax No.: _____

6. Website Address: _____

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

8. Average Daily Attendance: _____ Maximum Daily Attendance: _____

Total Annual Attendance: _____

9. Hours of Operations: In Season: _____ to _____ Off Season: _____ to _____

Describe off-season activities or promotions: _____

10. Total Acres: _____

11. 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			\$

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

13. Who staffs the applicant's first aid station? Doctor Nurse Other—explain: _____

14. Number of employees: Full-time: _____ Part-time: _____ Volunteers: _____

Explain volunteers' responsibilities: _____

Do volunteers sign waivers of liability? Yes No

15. 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: _____

Fund Raisers

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 hand washing station at the exit of the petting zoo? Yes No

Is a staff member/attendant present? 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: _____

16. Describe after hours and off season security plans: _____

17. 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: _____

18. 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: _____

19. Are guard dogs used? Yes No

Number of guard dogs: _____

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

21. Have there been any breaches of enclosure systems within the past five years? Yes No

If "yes," explain: _____

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

23. 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: _____

24. Is applicant in compliance with federal and state regulations for the ownership and transfer of exotic animals?
..... Yes No

If "no," explain: _____

25. DOES APPLICANT HAVE THE FOLLOWING? IF YES, ATTACH COPY.

- Animal loan agreement?..... Yes No
- Animal recapture plan? Yes No
- Brochures?..... Yes No
- Institution map/diagram?..... Yes No
- Institution schedule, including special events, promotions, exhibitions? Yes No
- Liquor license (if alcoholic beverages are sold)? Yes No
- USDA Registered Exhibitor License? Yes No
- Venomous Animal Injury Plan?..... 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.

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 state-ments 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.