

WATER SLIDE APPLICATION

**PLEASE ANSWER ALL QUESTIONS
 IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"**

1. **Name of Applicant:** _____

2. **Mailing address:** _____

Website Address: _____

3. How many years in operation: _____

4. Location of Slide: *(If more than one, please provide details on a separate sheet)*

Indoor Outdoor Operating Season: From: _____ To: _____

5. Is Applicant owner or lessee of Park? YES NO

6. Is slide built on a hill or with timbers or other construction? *(Please describe)* _____

7. Dimensions of slide: Length: _____ Width: _____ How many flumes? _____
 Width of each flume: _____ Height of slide: _____
 Finish of flumes: _____

Please provide drawing, plan or photo of waterslide (mandatory)

8. Name of manufacturer: _____ Age of slide: _____

9. Is slide straight or curved? *(Please describe)* _____

10. Are joints sealed? *(Please describe)* _____

11. Number and location of attendants: _____

Are attendants present at beginning of ride to monitor spacing of riders? YES NO

Are attendants present at all times at their exit? YES NO

12. Describe inspection schedule and procedure: _____

13. Do riders use any apparatus in descending the slide? *(Please describe)* _____

14. Approximately how fast do the participants descend on the slide? _____

15. In what type of water area do the participants land (pool, lake, etc.)? _____

16. Is water level in pool even at end of flume? *(Please describe)* _____

17. Area of water landing: _____ Depth of water: _____ Size of area: _____

18. Are attendants present at all times at their exit? YES NO

19. List all other exposures on premises? *(Please describe)* _____

20. Additional information, if any: _____

21. Additional Insured?: _____

22. Is a sign listing rules and regulations clearly visible? List rules in force: _____

23. Is parental presence mandatory?: _____

24. Gross receipts for any additional exposures other than waterslide. *(Please list separately)*

25. Estimated Annual Payroll

- a) Clerical & Administrative\$ _____
- b) Salesmen (In and Out).....\$ _____
- c) Plant:.....\$ _____
- d) Installation or erection:.....\$ _____
- e) Servicing:\$ _____

f) Warehouse, including shipping:.....\$ _____

Are all employees covered under WSIB? YES NO

If "No", please list numbers by job description and estimated payroll. _____

26. Describe work performed for Applicant by sub-contractors: _____

27. Non-Owned Automobile

Number of employees using their automobile on company business: Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details): _____

28. Previous carrier: _____

Please provide copy of previous policy, if available.

Claims Made: Yes No

29. Claims History:

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO

If yes, give details: _____

What system is in place for reporting and recording of incidents? _____

30. Accident Prevention and First Aid

First Aid Post: Doctors: _____ Full Time: _____ Part Time: _____
Nurses: _____ Full Time: _____ Part Time: _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed: YES NO

31. Please indicate limit(s) of liability required: _____

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKER NAME: _____
ADDRESS: _____

PHONE NO.: _____
FAX NO.: _____

Email Form

Print Form