

ZOOLOGICAL PARK & AQUARIUM 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: _____

List all location/s: _____

Area occupied: _____

3. Who owns -Land: _____
-Collections: _____
-Buildings/Grounds: _____

4. Type of Institution: Zoological Park Aquarium Wildlife Park
 Oceanarium Combination Interactive animal facility

5. Institution is: For Profit Non-Profit

6. How long under present ownership? _____ How long under present management? _____

7. Breakdown of receipts from:

| | |
|---|-----------|
| a) Gate: | \$ |
| b) Concessions | \$ |
| c) Liquor:..... | \$ |
| d) Amusements/special features (e.g. animal rides)..... | \$ |
| e) Other (Please describe)..... | \$ |
| Total: | <u>\$</u> |

Annual gate attendance: _____

Operating Season: From: _____ To: _____

8. How long has the Applicant been in business? _____
Describe Applicant's experience in this business/qualifications and experience of animal handlers

9. **Description of Operations.** Please describe all attractions at the subject locations (types and number of animals, amusement rides, playgrounds, etc.):

10. Do you have an emergency plan to handle animal escapes? YES NO

If yes, please describe, if no, please explain: _____

If wildlife park, is it fenced and patrolled? _____

Do customers drive their own vehicles through? _____

Are warning signs posted? _____

Incident report mechanism (form): _____

A. GENERAL

Carts, trains, buses, motorcycles, ATVs or other transportation On Premises Off Premises

Describe Veterinary Services: Veterinary is employed Veterinary is contracted

Any off premises facilities or services, e.g. breeding. Please describe: _____

B. EDUCATIONAL (check if any)

On Premises

Off Premises

Lectures/Films/Classes

Demonstrations

Tours

School Presentations

College Work/Class/Research Program

Docent Program

(coverage must be specifically endorsed for any off-premises activities including wildlife)

C. RESEARCH

Separate Research Library

Formal Research Project(s)

Please describe: _____

D. SPECIAL EVENTS/ACTIVITIES/ATTRACTIONS

Fireworks Displays

Concerts

Other Performances

Please describe: _____

Parking Lot Events – Please describe: _____

Special Functions (social, political events, etc., attach schedule) - Describe: _____

Holiday or Other Seasonal Promotions – Please Describe: _____

Publications – Other Please describe: _____

11. Total payroll : \$ _____ No. of Employees : _____

Are all employees covered under WSIB? YES NO

Do you have any volunteers? YES NO

If yes, please advise numbers and how many employees: _____

If no, please list numbers by job description and estimated payroll:

Total payroll : \$ _____ No. of Employees : _____

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

Is evidence of Liability Insurance obtained from all sub-contractors? YES NO

If "No", please explain _____

If "Yes", please advise what limits they are required to provide. _____

Does applicant have any agreements assuming liability? YES NO

If so, please describe and provide copies.

13. Non-Owned Automobile

Number of employees using their cars on company business: Regularly _____

Occasionally _____

Estimated annual cost of hired cars: \$ _____

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

14. Does applicant presently carry insurance? YES NO

If yes, who is present insurer? _____ Premium: _____

Is present insurance Claims Made? YES NO If Yes, state retro date _____

Are they willing to renew? YES NO

If no, please explain: _____

Does the policy cover all operations of the Insured? YES NO

If no, please describe: _____

15. 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: _____

16. 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

17. 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