



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

WATER PARKS DISCOVERY QUESTIONNAIRE

THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

PROPOSED EFFECTIVE DATE: _____

General Information

1. Applicant (as it would appear on the coverage contract): _____
2. Doing Business As: _____
3. Mailing Address: _____
City: _____ State: _____ Zip: _____
4. Physical Address: _____
City: _____ State: _____ Zip: _____
5. Contact Person: _____ Years Experience: _____
Contact Person is: Owner Manager Promoter Management Other: _____
6. Day Phone: _____ Evening Phone: _____ Fax Number: _____
7. Web Address: _____ E-Mail Address: _____
8. Is this a new business? Yes No If no, how many years have you been in business? _____
9. Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Insurance History

10. Who was your last or is your current insurance carrier? _____
11. What is or was your annual premium? _____
12. Describe your claims and loss history: _____
13. Limit of Liability:
 - 50,000 per accident/100,000 annual aggregate
 - 100,000 per accident/300,000 annual aggregate
 - 200,000 per accident/500,000 annual aggregate
 - 250,000 per accident/1,000,000 annual aggregate
14. Self Insured Retention: \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 Other: \$ _____

Business Activities

15. Person providing accounting and tax services:
 - a. Name: _____
 - b. Address: _____
16. Length of season _____
17. Operating hours: from _____ a.m. to _____ p.m.

18. Describe all activities for which coverage is being requested. Activities which are not identified and for which no coverage charge has been made are excluded. Some activities will need to be further described in supplemental questionnaires. _____

19. Operations Managers Name: _____ Years of Experience: _____
20. How long has park been in operation under current management? _____
21. Number of Permanent Employees: _____
22. Number of Seasonal Employees: _____
23. Approximate number of operating days per year: _____
24. Number and type of Security Personnel: _____
25. Number and type of Medical Personnel:
- a. Paramedic: _____
 - b. EMT/EMS: _____
 - c. Nurses: _____
 - d. Other (please describe): _____
26. Describe training/requirements (ie., CPR, Life Saving Courses etc.): _____

27. Are regular safety meetings held with employees? Yes No
If so, how often? _____
28. How Many First Aid Stations on premises? _____
29. What is distance to nearest hospital ? _____
30. Is there a standard incident report for available to employees at all times? Yes No
31. Describe procedure in case of accident: _____

32. Describe any safety measures/risk management plans in effect last year? _____

33. What procedures have been established to deal with patrons who cause problems? _____

34. Is there an ejection policy? Yes No
35. Do you allow chain riding? Yes No
36. Do you allow riders to stand? Yes No
37. Do you control spacing of riders? Yes No
38. Do you allow riders a running start? Yes No

39. Revenues:

	Per Person Charge	Annual Attendance	Gross Annual Income	% of Total Income
Main Gate	\$	\$	\$	
Group Sales	\$	\$	\$	
Promotions	\$	\$	\$	
Season Pass	\$	\$	\$	
Complimentary	\$	\$	\$	
Other	\$	\$	\$	

40. Other revenue:

Food	\$
Liquor Sales	\$
Arcade	\$
Catering	\$
Bumper Boats	\$
Lockers	\$
Merchandise	\$
Mini Golf	\$
Pavilion Rental	\$
Go Carts (supplemental application required)	\$
Other (please describe): _____ _____	\$
TOTAL	\$

Mechanical Information

41. Is there a qualified ride inspector to perform mechanical and electrical inspections? Yes No

If yes, give name(s) qualifications, years experience:

Name

Experience

_____	_____
_____	_____
_____	_____

42. Are inspections performed: Daily Weekly Monthly Annually

43. Is there a periodic inspection by an independent state inspector? Yes No

44. Type of Chlorine Used: Liquid Gas Powder

If gas, do you have certified technician?

Yes No

45. Complete a water slide or ride information sheet on each slide, attractions, and/or exposures. Describe completely: supervision, rules, and location of attendants or safety personnel.

46. Please attach the following:

- | | |
|--|--|
| <input type="checkbox"/> Diagram of park. | <input type="checkbox"/> Park or slide certification by outside form. Note any slides or rides that do not pass certification. |
| <input type="checkbox"/> Park brochure with operating times and dates or list times and dates. | <input type="checkbox"/> Liability Waiver (if used) |
| <input type="checkbox"/> Emergency evacuation plan. | <input type="checkbox"/> Operating Plan, Procedure Manual |
| <input type="checkbox"/> Complete list of rides and pools, with their serial number and manufacturers. | <input type="checkbox"/> Staff Manual |
| <input type="checkbox"/> Copies of Inspection Forms and Ride Operator Training Manuals. | <input type="checkbox"/> Emergency Plan |
| <input type="checkbox"/> Copy of most current independent Inspector Report. | <input type="checkbox"/> Managers Resume |

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

IMPORTANT: Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the International Special Events and Recreation Association, a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable

to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Dated: _____

Applicant:

Signature

Print Name



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APPLICATION FOR MEMBERSHIP

The International Special Events and Recreation Association, Inc., has been formed as a "Purchasing Group" under the Risk Retention Act of 1986 (Public Law 97-45), to offer liability insurance to members of the Association.

To join the Association and participate in the benefits of membership, please complete the application below and return it with your membership fee and annual dues payment. Please make your check payable to the International Special Events and Recreation Association, Inc. The initial membership enrollment fee is \$5.00. Annual membership dues are \$75.00. If you have already enrolled in the Association, you do not need to complete this form.

1. Applicant : _____
2. Mailing Address: _____
 City: _____ State: _____ Zip: _____
3. Contact Person: _____
4. Day Phone: _____ Evening Phone: _____ Fax Number: _____
5. Type of business conducted: _____
6. How many years have you been in business? _____
7. States of Operation: _____
8. Please list below the name and address of any other association you are currently a member of:

Applicant:

Dated: _____

Signature

Print Name