



Stratus Insurance Services, Inc.
 947 South 500 East, Suite 301 • American Fork, UT 84003
 Phone (801)763-1375 • (866)395-1308 • Fax (801)763-1374

Zipline\Canopy Tour

General Liability Insurance Application

IMPORTANT: SUBMITTING AN APPLICAION DOES NOT BIND COVERAGE

NOTE: Do not leave any questions blank. If it does not apply, mark it "N/A."

Name insured as it is to appear on the policy _____

Doing Business as: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____ Fax number: _____ Email: _____

Optional Email: _____

Legal Status: individual partnership corporation joint venture for profit non-profit tax exempt other

Address of actual operation if different from above: _____ City: _____

State: _____ Zip: _____

Name of Owner or Insurance Contact: _____ Web Site: _____

Federal Tax ID Number: _____ Limit of Liability Coverage \$1 million \$2 million \$3 million other _____

Describe all general liability claims (regardless of fault) that have occurred in the last 5 years. If none, state "none":

Claim: _____ Amount Paid: _____ Date: _____

Claim: _____ Amount Paid: _____ Date: _____

Claim: _____ Amount Paid: _____ Date: _____

Claim: _____ Amount Paid: _____ Date: _____

Claim: _____ Amount Paid: _____ Date: _____

Are you aware of any circumstances that may result in a claim being made against you or the company? _____

Have all prior claims, potential claims and suits indicated above been reported to your former insurance carrier? _____

Current insurance company: _____ Expiration Date: _____ Liability Premium: _____

Number of years in business at this location: _____ years Total experience in this type of business: _____ years

Deductible requested (Select One): ___ \$1,000 ___ \$2,500 ___ \$5,000 Proposed Effective Date: _____

Have you ever had similar insurance cancelled or non-renewed? YES NO If yes, please explain: _____

SECTION II- GENERAL INFORMATION

1. Name & Locations of Tour (list all locations): _____

2. Do you operate from: owned premises leased premises? If leased, describe arrangement: _____

3. Who originally built your course? _____ 4. When was construction finalized (mo./yr.) _____

5. Was it built to: ACCT or PRCA standards? If neither, whose standards were followed? _____

6. How many ziplines does the tour consist of and length of each? _____

7. What is the maximum zipline height at your facility? _____ ft

8. Does the course contain any canopy bridges? YES NO If YES, how many? _____

9. Have you made any additions to the course since its original construction? YES NO If "YES", list date added, element name, construction vendor name: _____

10. Date of last inspection by a professional firm: Month _____ Year _____ Name of Firm _____

11. How often is course inspected? Monthly Quarterly Annually Bi-Annually Other - EXPLAIN _____

12. Do you maintain a written log documenting inspections of course elements? YES NO And all related equipment? YES NO

13. Have you made the recommended improvements on the course since the last professional inspection? YES NO

14. If "no", EXPLAIN? _____

15. Membership Status: ACCT _____ PRCA _____ Other _____

16. Do you allow other organizations to use or rent your facilities? YES NO

17. If yes, EXPLAIN: _____

18. Do you provide supervision when others rent your facilities? YES NO

19. What is the nature of the supervision? _____

20. Total Gross Receipts from Course Rental \$ _____

21. When others rent your facility, do you require certificates of insurance naming you as additional insured? YES NO

22. Do you use a hold harmless agreement with the contracting entity? YES NO

23. What sort of braking systems does your facility utilize? _____

24. Does your course require the participants to hand brake? If so, describe, in detail, instruction given to participants: _____

If not, what is the method used to stop the participant? _____

25. Are all participants required to wear gloves and helmets? YES NO

26. Are participants harnessed prior to advancing to the top of zipline platforms? YES NO

27. Do you provide any services after dark, including but not limited to, night ziplining and overnight camping functions? If yes, please describe.

26. Do you provide transportation to/from your course? YES NO If yes, be aware that there is no coverage under this policy for automobile exposures. Please discuss this coverage with your automobile insurance provider.

SECTION III

1. Total anticipated number of "participant/user days" in next 12 months through the facility _____
(Example: 10 participants/days X 17 days/year = 170)
2. Anticipated Gross Receipts \$ _____
3. Are there any other services provided (please provide anticipated revenue for each per year):
- | | |
|--|--|
| <input type="checkbox"/> challenge/ropes course _____ | <input type="checkbox"/> canoeing/kayaking _____ |
| <input type="checkbox"/> indoor / classroom work _____ | <input type="checkbox"/> general store sales _____ |
| <input type="checkbox"/> hiking _____ | <input type="checkbox"/> camping/Lodging _____ |
| <input type="checkbox"/> food & beverage sales _____ | <input type="checkbox"/> others _____ |
4. Apart from the operations mentioned on this application, are there any other operations conducted on the same premises? YES NO If yes, please **EXPLAIN**: _____
5. If you have Challenge/ropes course operations, who does your annual inspection? _____
6. Do you perform daily visual inspections of the course and equipment? YES NO
7. How many participants go through your challenge course each year? _____
8. Who provides your facilitator training? _____
9. Do you have any operations off premise YES NO If so, **EXPLAIN** _____
-
10. Are you requesting coverage for: canopy/zip tour only all activities listed above (additional information may be required, subject to underwriting)
11. What is your staff to participant ratio? _____
12. Do you require all participants to sign a waiver? YES NO (**Attach a copy of your waiver**)
13. If "no", **EXPLAIN**: _____
14. Explain waiver signing procedure for participants under the age of 18? _____
-
15. Describe how you maintain your waiver records? _____
16. How long are waivers kept? _____
17. Was waiver and release form created and/or reviewed by an attorney familiar with local laws? YES NO
18. Date waiver last updated: _____
19. Name of attorney/legal counsel who reviewed waiver: _____ Contact phone _____
20. Number of staff: full-time _____ part-time _____ contract labor _____ seasonal _____

THE FOLLOWING INFORMATION MUST BE INCLUDED WITH THE SIGNED APPLICATION, TO BE ACCEPTED:

- 1) Resumes for key personnel showing ropes training completed.**
- 2) Copy of Staff Training Program**
- 3) Proof of ACCT or PRCA membership**
- 4) Copy of course and equipment inspection conducted within the past 12 months by an insured professional firm.**
- 5) Company Brochures or website address _____**
- 6) Attach list of entities needing certificate of insurance, including additional insured's. (State nature of relationship.)**

Arkansas, Florida, Kentucky, New Jersey, New York and Pennsylvania

Any person who knowingly provides false information in an application for insurance with the intent to defraud an insurance company or another person, or who conceals any information concerning a material fact for the purpose of misleading, commits a fraudulent act, which is a crime.

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 agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance within the department of regulatory agencies.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Utah

Any person is guilty of workers' compensation insurance fraud if that person intentionally, knowingly, or recklessly devises any scheme or artifice to obtain workers' compensation insurance coverage, disability compensation, medical benefits, goods, professional services, fees for professional services, or anything of value under this chapter or Chapter 3, Utah Occupational Disease Act, by means of false or fraudulent pretenses, representations, promises, or material omissions and communicates or causes a communication with another in furtherance of the scheme or artifice.

Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

California

Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

7) Loss Runs/Claim History from current/prior insurance carriers for the past 3 years.

8) Copy of current waiver/release form used

Declaration

I/We hereby declare that the above statements and responses are accurate and true and that I/we have not omitted, misrepresented, or misstated any facts. I/We acknowledge that the statements and responses contained in this application shall become a part of the insurance policy issued by the Company and that any misrepresentation or omission may void such policy.

I/We understand and agree that the completion of this application does not bind the Company to issue, nor me to purchase a contract of insurance. Furthermore, I/we understand and agree that any misrepresentation or omission in this application may void the contract and give the Company a right to rescind the contract, in addition to any other right or remedy the Company may have. I/We understand that failure to correct a misrepresentation on this or any other application or the failure to disclose a material fact that I/we become aware of subsequent to the completion of this application but prior to the effective date of the policy, to which it applies, may void the policy.

Applicants Name: _____

Applicants signature: _____ Date: _____

(Application must be signed by Insured)

Please Return Application to:
STRATUS INSURANCE SERVICES, INC.
947 SOUTH 500 EAST, SUITE 301
AMERICAN FORK, UT 84003
(801) 763-1375 * (801) 763-1374 - FAX

SECTION IV

REQUEST FOR CERTIFICATE(S) OF INSURANCE

Named Insured: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

1. Request is for:
- Certificate of Insurance (just provides evidence of coverage in place)
 - Additional Insured (\$150 charge)
 - Unlimited Number of Additional Insured's (\$250 charge)
 - Waiver of Subrogation (\$100 - \$500 charge; varies)
 - Primary/Non Contributory (\$100 - \$500 charge; varies)

2. Describe your relationship with the entity listed below.

- Client Landlord Other: _____
- _____

3. Give exact name and address of certificate holder as it should appear on the certificate. This information will also be used to mail the certificate.

Entity: _____

Person's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Date(s) of Event: _____

Print Name: _____

Signature: _____ Date: _____

