



## WATERPARKS APPLICATION

### SUBMISSION REQUIREMENTS:

- Completed ACORD Application for all submitted lines
- 5 Years Currently Valued Loss Runs for all submitted lines
- Facility Diagram
- Copy of Waivers and Releases
- Copy of Safety Program
- Facility Lease Agreement (if building rented/leased)
- Copy of Employee Training Manual
- *If Applicant also operates an Amusement Parks, complete the Amusement Park Supplemental Application.*

### GENERAL INFORMATION

Full Name Insured:					
Mailing Address:		City:		State: Zip:	
Physical Address:		City:		State: Zip:	
Entity Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:
Email:			Phone:		
Year Established:			In business under current management since:		
Is operation part of a franchise?* <i>*If yes, what is the franchise name?</i>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Facility is:				<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
Is a safety manager on premises at all times the facility is open?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Applicant have a formal safety training program for employees in place?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

### EXPOSURE INFORMATION

Provide estimated receipts:		
	Upcoming Year	Prior Year
Admissions/Rides	\$	\$
Arcade/Game	\$	\$
Food/Beverage (excl Liquor)	\$	\$
Gift Shop	\$	\$
Liquor	\$	\$
Other Receipts*	\$	\$
Total Gross Receipts	\$	\$
<i>*If Other Receipts, describe:</i>		



RENAISSANCE  
SPECIALTY INSURANCE

Provide estimated count:

	Upcoming Year	Prior Year
<b>Admissions (count)</b>		
<b>Employees – Full-Time</b>		
<b>Employees – Part-Time</b>		
Admission Cost:		
Adult: \$	Child: \$	Discount: \$
Park is: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
Total Park Acreage:	Total Parking Acreage:	
Venue Capacity: persons	Hours of Operation: <input type="checkbox"/> AM <input type="checkbox"/> PM to <input type="checkbox"/> AM <input type="checkbox"/> PM	
Operating Season: to	Number of off-season events:	

## FACILITY INFORMATION

Any storage, treating, discharging, applying, disposing, or transporting hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any operations sold, acquired, or discontinued in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any structural alterations or demolitions contemplated?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If so, please advise:	
Machinery, equipment, or attractions rented to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any watercraft docks (not bumper boats), floats on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Advise who is responsible for the following:

	Applicant	Facility Owner	Subcontractor	N/A
<b>Building Maintenance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Concessions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Facility Management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Aid</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inflatables/Amusements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Liquor Sales</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Merchandise/Gift Shop</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parking</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pyrotechnics</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Security</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transportation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer the following with regards to contracts and certificates of insurance with subcontractors and vendors:

	Applicant	Sub/Tenant	Mutual	N/A
a. Hold Harmless/Indemnification wording is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Additional Insured status is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. COI showing at least \$1M liability limit required by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Any special events scheduled throughout the year?* <i>*If yes, provide a schedule.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant maintain grandstands?* <i>*If yes, are any over 15 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>Advise seating capacity and construction type:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## LIFE SAFETY

Is there cooking on premises? <i>*If yes, answer the following questions.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the cooking area, hood and duct system protected by a fire extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a written agreement in place for grease removal, hood, duct, and filter cleaning with an outside company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is the hood and duct serviced? <input type="checkbox"/> Annually <input type="checkbox"/> Every 6 months <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (explain): Date Last Serviced:	
Is smoking permitted inside the casino/card room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate any Fire Protection in place: <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinklered Facility <input type="checkbox"/> Alarm-Central Station <input type="checkbox"/> Alarm-Local	
Central station burglar alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Closed-circuit surveillance cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any medical facilities provided?* <i>*If yes, who provides? <input type="checkbox"/> City Paramedics <input type="checkbox"/> Venue Staff <input type="checkbox"/> Contracted Service</i> <i>*If Contracted Service, are COIs obtained listing Applicant as an AI? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>*Is there a registered nurse, EMT, paramedic, or doctor on premises at all times when open? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>*Is an ambulance kept on site? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	
Distance to nearest hospital:	
Does Applicant have at least one (1) Automated External Defibrillator?* <i>*If yes, are staff members trained to use it? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all walkways clear, free of trip/fall hazards, and well-lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all curbs, steps, and ledges highlighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility comply with standards set by Americans with Disabilities Act (ADA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have backup emergency lighting and/or emergency generators in the event of a power failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evacuation/egress plan arranged with civil authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have an emergency evacuation plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are evacuation procedures and floor plans posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exits clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are parking lots well-lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant comply with all local, state, building, concession, and sanitary codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there radio communication between all supervisory staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a policy in place for lost children?	<input type="checkbox"/> Yes <input type="checkbox"/> No



# RENAISSANCE SPECIALTY INSURANCE

If Outdoor Venue:						
Weather monitoring system in place?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Is there fencing around the perimeter?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
How is the Park guarded at night and during the off-season?						
How are water elements secured in the off-season?						

## WATERPARK & ATTRACTION INFORMATION

<u>Water Attractions: Provide list of all Water Attractions (use separate sheet if necessary).</u>							
Type – Name of Slide	Age	# of Flumes	Open or Enclosed	Vertical drop to water (ft)	Built on: Hill or Stilts	Number of Attendants	
						Top	Bottom
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
Is anything used to assist the participants in going down the slide?* <i>*If yes, identify the slide and what is used.</i>						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is head-first sliding allowed?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Wave Pools: Complete the following section if Applicant has a wave pool.</u>							
Does Applicant have any Wave Pools?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are flotation devices allowed in the wave pool?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often are the waves generated?							
For how long are the waves generated?							
How long is the rest period between wave sessions?							
Is there a barrier that prevents swimmers from getting too close to the wave generating area?* <i>*If yes to the above, what type of barrier?</i>						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a minimum age for use of the wave pool?* <i>*If yes, what is the minimum age?</i>						<input type="checkbox"/> Yes	<input type="checkbox"/> No



RENAISSANCE  
SPECIALTY INSURANCE

*Flow Rider (or similar attractions): Complete the following section if Applicant has a Flow Rider (or similar attraction).*

Does Applicant have a Flow Rider or similar attraction that simulates a surfing experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are participants required to sign a Waiver and Release prior to use of the attraction?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, provide a copy.</i>	
What type of surface is under the water/wave of the device? <input type="checkbox"/> Concrete <input type="checkbox"/> Foam Padded	
Are participants allowed to stand while using this attraction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long is a participant permitted to use the attraction?	

*Wibit (or similar floating attractions): Complete the following section if Applicant has a Wibit (or similar floating attraction).*

Does Applicant have a Wibit or similar attraction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where is the attraction set up?	
<input type="checkbox"/> Pool <input type="checkbox"/> Lake <input type="checkbox"/> Other (describe):	

*List any other water attractions (lakes, pools, diving boards) and non-water attractions (playgrounds, picnic areas, etc.):*

Description	Number	Height/Depth (if applicable)

## WATERPARK SAFETY

What Aquatics Safety Program does Applicant use?	
Does the water treatment/filtration system have a device to prevent Cryptosporidium outbreaks?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, what kind of device?</i>	
Are all water attractions attended by at least one (1) lifeguard at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are lifeguards Red Cross certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are lifeguards rotated on a regular schedule throughout the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are supervised safety exercise drills held periodically?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are swimming lessons available?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Do all swimming pools and spas comply with the Virginia Graeme Baker Pool and Spa Safety Act?* <i>*If no, please advise:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the source of water used in the waterpark? <i>If Lake Water, is the water chemically treated in any way?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>If a Lake setting, is the Lake considered a "dark water" Lake?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Specify the Water Filtration System: Age: Type: Capacity:	
Who is responsible for maintaining the water filtering and sanitizing equipment?* <input type="checkbox"/> Applicant <input type="checkbox"/> 3 <sup>rd</sup> Party <i>*If <u>Applicant</u>, advise relevant experience:</i>	
*If <u>3<sup>rd</sup> Party</u> , does vendor provide proof of at least \$1M liability limits, including AI status and hold harmless verbiage in favor of the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do all waterslides conform with ASTM F2376-06 Standard Practice for classification, design, manufacture, construction, and operation of Waterslide Systems regarding construction, servicing, and maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all other water rides and attractions conform to ASTM standards relative to their construction, servicing, and maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How frequently are inspections of the ride(s) performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an inspection log maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there periodic inspections required by state inspectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the procedure in the event of an accident:	
Do all ride signs comply with manufacturer recommendations regarding age, height, and exit requirements; prohibited items; and passenger requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does or has Applicant ever manufactured or retrofitted any amusements/attractions?* <i>*If yes, provide a list of all such attractions and the changes made.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are maintenance manuals for all rides kept on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a qualified maintenance person/team on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an on-site maintenance shop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any events/activities/attractions require a waiver and release?* <i>*If yes, provide a copy of the waiver and advise the types of events/activities that require a waiver.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No



## SECURITY

If Applicant uses security, complete the following section.

Is there a written training/safety manual in place?* <i>*If yes, are all individuals who work in a security capacity required to provide written acknowledgment of the manual's policies?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is responsible for security? <input type="checkbox"/> Employees <input type="checkbox"/> Contracted Service/3 <sup>rd</sup> Party Security Company <input type="checkbox"/> Police	
If Applicant uses <u>Employed Security</u> , advise training and/or licensing requirements:	
Does Applicant perform background checks on all employed security? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please advise:</i>	
If Applicant uses <u>Contracted Service/Security Company</u> , what limit of liability does the Applicant require? \$ Is the Security Company required to name Applicant as an AI and provide COI? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the security contract require the Security Company to hold Applicant harmless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Security Armed?* <i>*If yes, does Applicant and/or third party perform background checks on all armed security?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate any other equipment carried or routinely available to security personnel: <input type="checkbox"/> Dogs <input type="checkbox"/> Flashlights <input type="checkbox"/> Handcuffs <input type="checkbox"/> Nightstick <input type="checkbox"/> Taser/Phaser <input type="checkbox"/> Other (explain):	
Advise maximum security-to-patron ratio: 1 Security to Patrons	
Advise when and for what purposes security is used (ex: 24/7, during all operating hours, weekends, etc.):	

## ABUSE OR MOLESTATION

If Abuse or Molestation coverage is requested, please complete the following section.

Does Applicant have custodial responsibility of minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant conduct any overnight operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify the following hiring practices in place:	
Employment applications required for:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteers
Reference Checks required for:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteers
Criminal & Sexual Offender records checked for:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteers
In-Person Interview required for:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteers
Do any current staff or volunteers have any prior abuse or sexual convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a formal, written Abuse Prevention Program in place?* <i>*If yes, provide a copy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, does it include a supervision plan to monitor staff in day-to-day relationships with patrons?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Applicant ever had an incident which resulted in an allegation of sexual abuse or molestation?	<input type="checkbox"/> Yes <input type="checkbox"/> No



RENAISSANCE  
SPECIALTY INSURANCE

## COMMERCIAL AUTO/HIRED & NON-OWNED AUTO

If Commercial Auto and/or Hired & Non-Owned Auto (HNOA) coverage is requested, please complete the following section.

Does Applicant have any owned vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant allow employees to use their own personal vehicles for business purposes?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If yes, how many?	
* If yes, how often?	
Does Applicant confirm all employees driving on its behalf carry at least state minimum personal auto liability limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does Applicant rent/lease vehicles to others?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>*If Yes, provide a List of Vehicles rented and a copy of the rental contract used.</i>	
If HNOA is requested, please provide the following:	
Annual Cost of Hire: \$	Confirm Driver MVRs are screened: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

## LOSS INFORMATION

Please explain any losses over \$25,000 (use an additional sheet if necessary).

1.
2.
3.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

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Signature of Insured

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Title

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Click or tap to enter a date.

Date