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CA# 0334819

ZOOLOGICAL PARK AND AQUARIUM APPLICATION

(Include copies of lists, licenses and other items as requested.)

IMPORTANT

THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.

1. Applicant Information:

Named Insured as it is to appear on policy: _____

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Website: _____

Contact Person: _____

Person is: ☐ Owner ☐ Promoter ☐ Agent ☐ Other: _____

Telephone Number () _____ Fax Number() _____

Name of Agent/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number () _____ Fax Number() _____

Tax ID Number: _____ E-mail Address: _____

a. Nature of business/description of operations/events: _____

b. Insured is: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other: _____

c. Policy Period Requested: _____ to _____

d. Estimated Number of Events: _____

2. Type of Institution:

☐ Zoological Park ☐ Aquarium ☐ Wildlife Park ☐ Oceanarium ☐ Combination

3. Who Owns:

Land: _____

Collections: _____

Buildings/Grounds: _____

4. Institution is ☐ For Profit ☐ Non-Profit

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

6. Additional Insureds Requested (subject to underwriting approval.):

Name	Relationship to Insured
_____	_____
_____	_____
_____	_____
_____	_____

7. Present Insurance/Risk Retention Method:

☐ Claims Made Form ☐ Occurrence Form

☐ Provided by municipality

☐ Self Insured ☐ Self Insured Retention Retention Limit \$ _____

☐ Insured Retention Limit \$ _____

Insurance Limit \$ _____

Insurance Company: _____

Attach four year loss history (including current year)

8. Attendance:

Average Daily Attendance _____

Maximum Daily Attendance _____

Total Annual Attendance _____

9. Revenues:

A. Admission Charge

Adults	\$ _____
Minors	\$ _____
Total Annual Admission Receipts	\$ _____

B. Souvenir/Gift Shop Receipts \$ _____

C. Concessions

Food/Beverage	\$ _____
Alcoholic Beverage	\$ _____
Total Concession Receipts	\$ _____

Are concessions contracted to others? ☐ Yes ☐ No

D. Endowments/Grants

Contributions	\$ _____
Memberships	\$ _____
Other	\$ _____

E. Total Annual Revenues \$ _____

10. Liability Limits Requested:

- A. ☐ Occurrence Form ☐ Claims Made Form
- ☐ Each Occurrence \$ _____
- ☐ General Aggregate* \$ _____
- B. ☐ Deductible Limit (if any) \$ _____
- ☐ Self Insured Retention Limit \$ _____

* **Other aggregates may apply per policy requirements.**

11. Description of Operations *(Attach list if necessary):*

A. General:

- | | | |
|---|--|--|
| <input type="checkbox"/> Museum | <input type="checkbox"/> Watercraft | <input type="checkbox"/> Novelty/Gift Shop |
| <input type="checkbox"/> Tram/Monorail/Train(s) | <input type="checkbox"/> Lake(s)/Pond(s)/Stream(s) | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> Breeding Facility | <input type="checkbox"/> Breeding Loan Activities | <input type="checkbox"/> Other Loan Activities |
| <input type="checkbox"/> Alcoholic Beverages | | |
| <input type="checkbox"/> Sold <input type="checkbox"/> Gratuitous | | |

Whose responsibility is the liquor liability? _____

If contracted, does the liquor concessionaire provide liability coverage? ☐ Yes ☐ No

If no, explain: _____

- ☐ Carts, Vans, Buses, Motorcycles or ATVs
- ☐ On Premises ☐ Off Premises
- ☐ Veterinary Services
- ☐ Veterinarian is employed ☐ Veterinarian is contracted.

☐ Off Premises

- | | |
|---|--|
| <input type="checkbox"/> Institution | Describe: _____ |
| <input type="checkbox"/> Captive Facility | Describe: _____ |
| <input type="checkbox"/> Breeding Facility | Describe: _____ |
| <input type="checkbox"/> Wildlife Exhibitions | List wildlife exhibited: _____

_____ |

☐ On Premises

- | | |
|---|--|
| <input type="checkbox"/> Institution | Describe: _____ |
| <input type="checkbox"/> Captive Facility | Describe: _____ |
| <input type="checkbox"/> Breeding Facility | Describe: _____ |
| <input type="checkbox"/> Wildlife Exhibitions | List wildlife exhibited: _____

_____ |

B. Educational (*check, if any*):**On Premises****Off Premises***

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Lectures | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Demonstrations | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tours | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Childrens' Day or Overnight Camps | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> School Presentations | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> College Work/Class Research Program | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Docent Program | <input type="checkbox"/> | <input type="checkbox"/> |

*Describe any off-premises activities including live wildlife exhibitions: _____

C. Research:

- ☐ Separate Research Library ☐ Formal Research Project(s)

Describe: _____

D. Special Events/Activities/Attractions:

- ☐ Fireworks Displays ☐ Concerts ☐ Other Performances

Describe: _____

- ☐ Parking Lot Events

Describe: _____

- ☐ Special Functions (*social, political events, etc. — attach schedule*)

Describe: _____

- ☐ Holiday or Other Seasonal Promotions

Describe: _____

- ☐ Publications

Describe: _____

- ☐ Fund Raisers

Describe: _____

- ☐ Mechanical Rides and/or Water Rides (*carnival/amusement*)

Describe: _____

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

Are maintenance manuals for all rides kept on premises? ☐ Yes ☐ No

Do you have a formal/written ride operator training program? ☐ Yes ☐ No

Do the rides meet the ASTM standards for amusement rides and/or ANSI standards for sky rides/chairlifts/aerial tramways? ☐ Yes ☐ No

Are your rides inspected by your state? ☐ Yes ☐ No

- ☐ Animal Rides

Describe: _____

☐ Habitat Rides

Describe: _____

☐ Animal Mascot Loans

Describe: _____

☐ Do you have a petting zoo?

☐ Yes

☐ No

If Yes, is it operated by an independent contractor?

☐ Yes

☐ No

If Yes, do you receive a certificate of insurance naming you as an additional insured?

☐ Yes

☐ No

Do you have a contract with a hold harmless and indemnification agreement?

☐ Yes

☐ No

Are all animals properly vaccinated?

☐ Yes

☐ No

Is there a hand washing at the exit of the petting zoo?

☐ Yes

☐ No

Is there signage posted with regard to the importance of hand washing after animal contact?

☐ Yes

☐ No

☐ Playground

Describe: _____

☐ Grandstand

☐ Bleachers

Describe seating age and construction: _____

☐ Other Describe: _____

12. Hours of Operation:

In Season: _____ to _____ Off Season: _____ to _____

Describe off-season activities or promotions: _____

13. Institution Opening Date: _____ Closing Date: _____

14. Total Acres (off main zoo premises): _____ Parking Spaces: _____

15. Avian Flu Guidelines:

Does the risk comply with the 2005 AZA Avian Flu Guidelines as summarized below?

☐ Yes

☐ No

If No, please attach an outline of your Avian Flu procedures.

2005 AZA AVIAN FLU GUIDELINES:

A. Facility should follow standard biosecurity measures for zoos and aquariums

B. Facility should have formal procedures addressing the following:

- Control measures that would be initiated upon suspected or confirmed cases of avian influenza, such as isolating and decontaminating affected areas or closing portions of the facility.*
- Protocols for short-term treatment of sick and injured native birds before releasing them to rehabilitation facilities.*
- Employee education program that provides information on topics such as how to prevent influenza from spreading and guidelines that help keep them and the birds they care for healthy.*
- Guidelines with proactive steps in the event of an outbreak of bird flu in or near the facility.*
- Proper local jurisdiction protocol is followed with regard to deceased wild birds found on premises*

C. Employees working in bird areas should be required to wear appropriate personal protective equipment and employ proper cleaning and disinfecting protocols.

16. Zoo/Camp Operations (if applicable):

- A. Would you like a quote for sexual abuse and molestation coverage (if eligible)? ☐ Yes ☐ No
- B. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a camper, member or participant reports someone molested him/her which includes reporting suspected child/sexual abuse after learning of such an allegation? ☐ Yes ☐ No
- C. Do you have a plan of supervision, including procedures to limit one-on-one interaction between an adult and youth, that monitors staff in day to day relationships with campers, members or participants? ☐ Yes ☐ No
- D. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses? ☐ Yes ☐ No
- E. If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? ☐ Yes ☐ No
- F. Does staff screening include criminal background checks on all new (including seasonal) employees/volunteers, and on year around employees/volunteers every 5 years? ☐ Yes ☐ No
1. If yes, provide name of service provider you use to conduct criminal background checks _____
- _____
- G. Does new staff screening include at least two references and a personal interview before being hired-accepted as employee/volunteer? ☐ Yes ☐ No
- H. Does the staff screening include an annual check of all employees/volunteers on the National Sex Offender Public Website? ☐ Yes ☐ No
- I. Have you ever had an incident which resulted in an allegation of sexual abuse at your camp or other operation? ☐ Yes ☐ No
1. Was a claim made against your camp or other operation? _____
- If yes, please provide details of the claim/incident: _____
- _____
- _____
2. How much money was paid as damages to the victim? _____
3. What has been done to prevent such occurrences from happening in the future? _____
- _____
- _____

17. Professional Affiliations:

- A. Is the institution a member of the American Zoo and Aquarium Association? ☐ Yes ☐ No
- B. Is the institution accredited by the AZA? ☐ Yes ☐ No

**PLEASE
NOTE**

**IF YOU ANSWER "YES" TO PART "B" OF QUESTION 17, SKIP TO ITEM #25 AND SIGNATURE PAGE.
IF YOU ANSWER "NO" TO PART "B" OF QUESTION 17, PLEASE FINISH FILLING OUT THIS APPLICATION.**

18. Regulatory Compliance:

A. Does the institution comply with:

1. All local fire codes? ☐ Yes ☐ No

If no, explain: _____

2. All local, state and federal regulations? ☐ Yes ☐ No

If no, explain: _____

B. Does the facility comply with the Animal Welfare Act, Part 3 – Standards Subparts D, E and F as respects the following?

Facilities and Operation Standards:

Facilities – General ☐ Yes ☐ No

Facilities – Indoor ☐ Yes ☐ No

Facilities – Outdoor ☐ Yes ☐ No

Primary Enclosures ☐ Yes ☐ No

Space Requirements ☐ Yes ☐ No

Animal Health and Husbandry Standards:

Feeding ☐ Yes ☐ No

Watering/Water Quality ☐ Yes ☐ No

Sanitation ☐ Yes ☐ No

Employees or Attendants ☐ Yes ☐ No

Classification and Separation ☐ Yes ☐ No

Veterinary Care ☐ Yes ☐ No

Handling ☐ Yes ☐ No

Transportation Standards:

Consignments to Carriers and Intermediate Handlers ☐ Yes ☐ No

Primary Enclosures Used to Transport Live Non-Human Primates ☐ Yes ☐ No

Primary Conveyances (Motor Vehicle, Rail, Air, Marine) ☐ Yes ☐ No

Food and Water Requirements ☐ Yes ☐ No

Care in Transit ☐ Yes ☐ No

Terminal Facilities ☐ Yes ☐ No

Handling ☐ Yes ☐ No

A complete explanation must be given for any "NO" answer in part B of question #18 (*attach sheet if necessary*). _____

C. Attach Copies of All licenses, including:

- USDA Registered Exhibition License **License #** _____
- USDA Licensed Exhibitor and any other required USDA licenses
- Most current USDA inspection report

D. Are any staff members under investigation for alleged violation of any wildlife regulations? ☐ Yes ☐ No

If yes, explain: _____

19. Security:

- A. Number and type of personnel: _____
(Private, employees, city or county police) ☐ Armed ☐ Unarmed
- B. Describe after-hours and off-season security plans: _____

- C. Are tranquilizer guns or dart guns loaned or taken off premises at any time? ☐ Yes ☐ No
If yes, describe: _____
- D. Describe any alarm system present, including burglary or theft prevention measures: _____

- E. Are guard dogs used? ☐ Yes ☐ No
If yes, explain procedure: _____

20. Enclosure System:

- A. Describe the primary enclosure systems for all habitats including patron separation distance/height
(attach sheet if necessary): _____

- B. Describe the general minimum specifications for all other primary enclosures: _____

- C. Describe the secondary enclosure system (premises perimeter fencing, etc.): _____

- D. Is there a separate performance area for animal acts? ☐ Yes ☐ No
If yes, describe the type of animals involved and how they are transferred to and from performance areas: _____

- E. Detail any breaches of any enclosure systems within the past five years: _____

21. Employees:

- A. Number of employees: Full-time: _____ Part-time: _____
If volunteers are used, explain their responsibilities: _____

- B. Explain employee training methods *(attach copy.)*

22. Loaned Animals:

A. Describe the written policy regarding loans to others (*attach copy.*)

B. Describe the written policy regarding loans to the institution (*attach copy.*)

C. Describe non-owned animals exhibited at the institution: _____

23. Animal Waste Treatment/Disposal:

A. Explain the procedures for waste removal, treatment and/or disposal: _____

B. Are all waste treatment/disposal permits obtained and ordinances complied with?

☐ Yes

☐ No

If no, explain in detail _____

24. Is "Hands On" activity for any of the following permitted?

A. Poisonous snakes (*except employee handlers*)

☐ Yes

☐ No

B. Adult male elephants (*over the age of 10*)

☐ Yes

☐ No

C. Horned Animals

☐ Yes

☐ No

D. Primates

☐ Yes

☐ No

E. Off premises exhibitions

☐ Yes

☐ No

Explain any "Yes" answers in detail, including safety measures used: _____

25. ADDITIONAL INFORMATION - PLEASE INCLUDE COPIES OF:**Column #1**

- ☐ Institution map/diagram
- ☐ Animal loan agreement
- ☐ Sample copies of all contracts, including those described in application
- ☐ Amusement/Carnival ride description
- ☐ Detailed 4-year loss summary (including current year)
- ☐ Institution schedule, including special events, promotions, exhibitions
- ☐ Liquor license (if alcoholic beverages are sold)
- ☐ Ride inspection checklists

***(AZA Accredited Programs stop here.
Non-accredited programs continue to Column #2).***

Column #2

- ☐ All licenses/permits
- ☐ Venomous animal injury plan
- ☐ Patron/employee emergency evacuation plan
- ☐ Animal recapture plan
- ☐ Animal acquisition/disposal plan
- ☐ Employee training manual

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)