







What procedures are in place to prevent any type of bacteria/disease/fecal matter in the water? \_\_\_\_\_

Are any diving boards in excess of 3 meters high?  Yes  No

If yes, how many? \_\_\_\_\_

Do you allow or offer "head first" sliding?  Yes  No

Are Assumption of Risk signs posted on every slide? (If yes, provide photos of signs.)  Yes  No

Are there any provisions for handicapped persons?  Yes  No

Are there lifeguards or slide supervisors controlling the flow of participants at each slide and posted at the bottom of each slide at the landing zone pools?  Yes  No

Provide number of Lifeguards: \_\_\_\_\_ Are all lifeguards certified in CPR and First Aid?  Yes  No

Lifeguards trained and certified by:  Ellis & Associates  American Red Cross  NASCO  Other (below)

Who is providing the certification/safety training? \_\_\_\_\_

Are the employees licensed or certified by the State?  Yes  No

If yes, please provide name and type of license: \_\_\_\_\_

Is there a medical aid station on site?  Yes  No

Are any of the medical services sub-contracted to another company?  Yes  No

If yes, please **provide proof of insurance naming you as an additional insured.**

Are lockers, changing rooms and/or showers available?  Yes  No

List any additional water park features with capacity (e.g. Flow Rider, Wave machines, Cabanas, etc.): \_\_\_\_\_

**B. ROCK/CLIMBING WALL**  N/A

Who is the manufacturer? \_\_\_\_\_ Who installed Walls? \_\_\_\_\_

Are participants allowed to climb on their own?  Yes  No

Number of walls \_\_\_\_\_ What is the height of the Bouldering/Traversing wall? \_\_\_\_\_

Are spotters required?  Yes  No

How are participants checked in? \_\_\_\_\_

Does rock wall meet all CWIG (Climbing Wall Industry Group) standards?  Yes  No

What type of safety equipment is used? \_\_\_\_\_

Describe the belay system: \_\_\_\_\_

Describe Safety Inspection policy for wall, hardware, equipment and rental gear: \_\_\_\_\_

Who is responsible for maintenance inspections? \_\_\_\_\_

How often are inspections done? \_\_\_\_\_ Is there a waiver signed?  Yes  No

If yes, **provide copy.**

Describe employee training procedures? \_\_\_\_\_

What type of assumption of risk signs (indicating age, size, height, rules, etc.)? \_\_\_\_\_

Type of instructions given:  Verbal  Video loop  Recorded message  Written

Describe landing surface – thickness, makeup, extent of fall protection: \_\_\_\_\_

Are there any mobile rock walls?  Yes  No

If yes, how often are they off premises? \_\_\_\_\_

How many attendants are stationed at each rock wall? \_\_\_\_\_

**C. ZIP LINES/ROPES COURSE**  N/A

Who is the manufacturer? \_\_\_\_\_ What year was course built? \_\_\_\_\_

Who originally installed/built the course? \_\_\_\_\_

Have any additions/modifications been made after course was originally constructed?  Yes  No

If yes, describe additions/modifications and year completed: \_\_\_\_\_

Number of zip lines: \_\_\_\_\_

How many feet is the longest zip line? \_\_\_\_\_

Number of elements: \_\_\_\_\_

What is the height of the elements? \_\_\_\_\_

List/describe elements: \_\_\_\_\_

Describe fall protection systems at Transfer Stations: \_\_\_\_\_

Describe zip line braking system: \_\_\_\_\_

Describe emergency plan if patron is stranded on the zip line: \_\_\_\_\_

Describe participant lanyard system at Transfer Stations: \_\_\_\_\_

How often is course inspected? \_\_\_\_\_ By whom? \_\_\_\_\_

**Provide inspection checklist and training manual.**

What is staff to participant ratio? \_\_\_\_\_

Have there been any issues with State Inspections?  Yes  No

If yes, describe: \_\_\_\_\_

Are participants notified of difficulty levels at Transfer Stations?  Yes  No

What is the approximate time a participant will take to complete the course? \_\_\_\_\_

What is the maximum number of elements a participant must complete before they have an opportunity to exit the course? \_\_\_\_\_

Are there any zip lines or ropes courses that can be moved from property or mobile?  Yes  No

Does the course have a supervised practice area? **Provide diagram of course.**  Yes  No

Do you follow the ANSI/PRCA American National Standard (ANS)?  Yes  No

**D. RESTAURANT/SNACK BAR**

N/A

Restaurant exposure:  Full Service  Snack Bar  Lessor's Risk

Square foot? \_\_\_\_\_

Is food area lease/subcontracted out?

Yes  No

If leased, does insured receive COI from sub contractor listing them as an additional insured?

Yes  No

If yes, **provide contract**

Are alcoholic beverages sold on premises (e.g. beer, wine, liquor)?

Yes  No

Are portable fire extinguishers provided in kitchen?

Yes  No

Who is responsible for cleaning hoods and ducts? \_\_\_\_\_

How often? \_\_\_\_\_

Are cleaning records kept?

Yes  No

Number of each: Deep Fryers: \_\_\_\_\_ Ovens: \_\_\_\_\_ Grills: \_\_\_\_\_ Broilers: \_\_\_\_\_ Ranges: \_\_\_\_\_

Describe maintenance/inspections procedures \_\_\_\_\_

Have there been any issues with State Inspections?

Yes  No

If yes, explain: \_\_\_\_\_

**E. CHILD CARE/CHILD DROP-OFF/LOCK-INS**

N/A

What is the maximum number of children dropped off/left in your care at one time? \_\_\_\_\_

What is the ratio of monitor to child left in your care? \_\_\_\_\_

What is the minimum age of a child left in your care? \_\_\_\_\_

What are the maximum hours per day that a child may be in your care? \_\_\_\_\_

What type of system do you have in place for checking in/out children when they arrive and depart? \_\_\_\_\_

Do you have written training/safety procedures including performing background checks on employees or volunteers in charge of drop-off service?

Yes  No

If yes, **provide a copy.**

Briefly describe the programs you offer for children to be dropped off and supervised by employees? \_\_\_\_\_

**F. HIRED AND NON-OWNED**

N/A

Do you have a Business Auto Policy for owned autos?

Yes  No

If yes, **NOTE – Coverage should be placed under your Auto Carrier.**

Does insured allow employees/volunteers to use their personal vehicles for business purposes?

Yes  No

If yes, how often? \_\_\_\_\_

Total number of Employees \_\_\_\_\_

Total number of Volunteers \_\_\_\_\_

Does insured obtain Motor Vehicle Reports?

Yes  No

If yes, how often? \_\_\_\_\_

What are the auto minimum limits the insured requires of their employees/volunteers? \_\_\_\_\_

How often does insured lease, borrow or hire any vehicles for business? \_\_\_\_\_

What type of vehicles are used and for what purposes? \_\_\_\_\_

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

Submitted by: \_\_\_\_\_  
(Agent)

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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