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Zipline\Canopy Tour General Liability Insurance Application

IMPORTANT: SUBMITTING AN APPLICATION 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: _____

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 Requested? \$1,000,000 or higher? _____

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

Claim: _____ Amount Paid: _____ Date: _____

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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 & Location(s) of Tour (list all locations): _____

2. Do operate from: _____ own _____ leased premises? If lease, describe arrangement: _____

3. Who originally built your course? _____
4. Was it built to: ACCT or PRCA standards? ACCT PRCA If neither, whose standards were followed? _____
5. How many ziplines does the tours consist of and length of each? _____
6. What is the maximum zipline height at your facility? _____ ft Single Line or Double Line Course? _____
7. Does the course contain any suspended bridges? Yes No If Yes, how many? _____
8. Have you made any additions to the course since its original construction? Yes No If "YES", list date added, element name, construction vendor name: _____
9. What size cable wire does your course use? _____ Is your pulley/trolley appropriate for your size wire? Yes _____ No _____
If no, when will it being replaced? _____
10. Do you use mill spec cable? Yes _____ No _____ Please explain why you use what you do. _____

11. Date of last course inspection by professional firm: Month _____ Year _____ Name of Firm _____
12. How often is the course inspected? Monthly Quarterly Annually Bi-annually Other
13. How many cycles per zipline before you retire and replace the line? _____
14. Do you maintain a written log documenting inspections of course elements? Yes No And all related equipment? Yes No
14. Have you made the recommended improvements on the course since the last professional inspection? Yes No
15. If "no", Explain? _____
16. Membership Status: ACCT _____ PRCA _____ Other _____
17. What sort of braking system does your tour use? _____
18. Does your course require the participants to hand brake? If so, describe, in detail, instruction given to participants: _____

- If not, what method is used to stop the participant? _____
19. Are all participants required to wear gloves and helmets? Yes No
20. Are participants harnessed prior to advancing to the top of the zipline platforms? Yes No
21. Do you provide any services after dark, including but not limited to, night ziplining and overnight camping functions? If yes, please describe: _____

22. Do you provide transportation to/from your course? Yes No If yes, there is no coverage under this policy, please discuss with your insurance professional.
23. What sort of vehicles are used? _____
24. Do you allow other organizations to use or rent your facilities? Yes No
25. If yes, explain: _____
26. Do you provide supervision when others rent your facilities? Yes No

27. What is the nature of the supervision? _____
28. Total Gross Receipts from Course Rental \$ _____
29. When others rent your facility, do you require certificates of insurance naming you as additional insured? Yes No
30. Do you use a hold harmless agreement with the contracting entity? Yes No

SECTION III

1. Total anticipated number of people served days in the next 12 months through the facility. # _____
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"/> food & beverage sales _____ |
| <input type="checkbox"/> indoor / classroom work _____ | <input type="checkbox"/> general store sales _____ |
| <input type="checkbox"/> hiking _____ | <input type="checkbox"/> camping/Lodging _____ |
| <input type="checkbox"/> outfitting/guiding _____ | <input type="checkbox"/> boating _____ |
| <input type="checkbox"/> tubing _____ | <input type="checkbox"/> other _____ |
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. Do you perform daily visual inspections of the course and equipment? Yes No
6. How many participants go through your challenge course each year? _____
7. Who provides your facilitator training? _____
8. Do you have any operations off premise? Yes No If so, Explain _____
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9. Are you requesting coverage for: canopy/zip tour only all activities listed above (additional information may be required, subject to underwriting)
10. What is your staff to participant ratio? _____
11. Do you require all participants to sign a waiver? Yes No (Please attach a copy of your waiver)
12. If "no", Explain? _____
13. Who signs waivers on behalf of participants under the age of 18? _____
14. Describe how you maintain the waiver in your records? _____
15. Was waiver and release form created and/or reviewed by an attorney familiar with local laws? Yes No
16. Date waiver last updated: _____
17. Name of attorney/legal counsel who reviewed waiver: _____
18. Number of staff: full-time _____ part-time _____ contract labor _____ seasonal _____
19. Do you use an electronic reservation system? _____

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) Need 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.)
- 7) Loss Runs/Claim History from current/prior insurance carriers for the past 3 years.
- 8) Copy of current waiver/release form used

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.

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)

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