



5800 Explorer Drive, Suite 101
 Mississauga, ON L4W 5K9
 905-602-9339 or 800-753-2632
 Fax: 905-602-9141
 www.kandkcanada.com
 K&K Insurance Brokers, Inc. Canada

ZOOLOGICAL PARK AND AQUARIUM INSURANCE APPLICATION

Policy period required from: _____ to _____
(Year) (Year)

INSURED:

1. Named Insured as it is to appear on policy: _____

2. What is the Insured? Corporation Partnership Joint Venture
 Individual Other _____

3. Type of Institution

Zoological Aquarium Wildlife Park Oceanarium
 Combination _____

4. a) Mailing Address: _____
(Number) (Street) (City) (Prov.) (Postal Code)

b) Address of Facility (if different than mailing):

(Number) (Street) (City) (Prov.) (Postal Code)

Web Site: _____

Ph: _____ Fax: _____ Email: _____

6. Who owns the following?

Land: _____
 Collections: _____
 Buildings/Grounds: _____

7. Institution is: For-Profit Non-Profit

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

9. Additional Insureds Relationship Address
As they are to appear on the policy (MUST be approved by K&K)

10. Name, Address and Description of Operations of all Subsidiary Companies:

BROKER

11. Name of Agent/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

GENERAL INFORMATION

12. Attendance

last year's average daily attendance _____

last year's max. daily attendance _____

last year's total annual attendance _____

projected average daily attendance _____

projected max. daily attendance _____

projected total annual attendance _____

13. Last Year's Revenues

a) Admission Charge

Adults \$ _____

Minors \$ _____

Total annual receipts \$ _____

Please attach financial statement.

b) Souvenir/Gift Shop Receipts \$ _____

c) Concessions

Food/Beverage \$ _____

Alcoholic Beverages \$ _____

Total concession receipts \$ _____

Are concessions contracted to others? Yes No

d) Endowments/Grants

Contributions \$ _____

Memberships \$ _____

Other \$ _____

TOTAL ANNUAL REVENUES

\$ _____

14. Professional Affiliations

a) Is the institution a member of the Canadian Association of Zoos and Aquariums? Yes No

b) Is the institution accredited by the Canadian Association of Zoos and Aquariums? Yes No

15. Description of Operations (Please attach list, if necessary.)

a) General

- Museum Watercraft Concessions *Alcoholic Beverages
- Novelty/Gift Shop Tram/Monorail/Train(s) Lake(s)/Pond(s)/Stream(s) Breeding Facility
- Breeding Loan Activities Other Loan Activities _____

*** If Alcoholic Beverages, please fill out Liquor Liability Application*

- Carts, Vans, Buses, Motorcycles or ATVs
 - on-premises off-premises

- Veterinary Services
 - employed contracted

- Off-Premises
 - institution Please describe: _____
 - captive facility Please describe: _____
 - breeding facility Please describe: _____
 - wildlife exhibitions Please list wildlife exhibited: _____
 - _____
 - _____

b) Educational (Please 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"/> 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"/>

*Please describe any off-premises activities including live wildlife exhibitions:

Coverage must be specifically endorsed for any off-premises activities including wildlife.

c) Research

- Separate Research Library Formal Research Project(s)

Please describe: _____

d) Special Events/Activities/Attractions (Please check, if any.)

- Fireworks Displays Concerts Other Performance _____
- Please describe: _____
- _____

- Parking Lot Events
- Please describe: _____
- _____

- Special Functions (social, political events, etc. – Please attach schedule.)
- Please describe: _____
- _____

- Holiday or Other Seasonal Promotions
- Please describe: _____
- _____

- Publications
- Please describe: _____
- _____

- Fundraisers
- Please describe: _____
- _____

Mechanical Rides (carnival/amusement)

Please describe: _____

Animal Rides

Please describe: _____

Water Rides

Please describe: _____

Habitat Rides

Please describe: _____

Animal Mascot Loans

Please describe: _____

Petting Zoo

Is feeding permitted? Yes No

Playground

Please describe: _____

Other

Please describe: _____

16. Hours of Operation

In-season: _____

Off-season: _____

Please describe off-season activities or promotions:

17. Opening Date: _____

Closing Date: _____

18. Total Acreage: _____

Total Parking Lot Acreage: _____

Number of Parking Spaces: _____

19. Regulatory Compliance

a) Does the institution comply with the following?

(i) all local fire codes Yes No

If no, please explain: _____

(ii) all local, provincial and federal regulations Yes No

If no, please explain: _____

b) Does the facility comply with the Health of Animals Act as respects the following?

Facilities and Operation Standards

- | | | | |
|-------|----------------------|------------------------------|-----------------------------|
| (i) | facilities – general | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) | facilities – indoor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) | facilities – outdoor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) | primary enclosures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (v) | space requirements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Animal Health and Husbandry Standards

- | | | | |
|-------|-------------------------------|------------------------------|-----------------------------|
| (i) | feeding | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) | watering/water quality | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) | sanitation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) | employees or attendants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (v) | classification and separation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (vi) | veterinary care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (vii) | handling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Transportation Standards

- | | | | |
|-------|--|------------------------------|-----------------------------|
| (i) | consignments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) | primary enclosures used to transport live non-human primates | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) | primary conveyances (motor vehicle, rail, air, marine) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) | food and water requirements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (v) | care in transit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (vi) | terminal facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (vii) | handling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please give a complete explanation for any "No" answer (Attach sheet if necessary.):

20. Security

a) number and type of personnel:

Private _____ Employees _____ Police _____

b) Please 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, please explain: _____

d) How are guns secured? _____

e) Please describe any alarm system present, and other burglary or theft prevention measures:

21. Enclosure System

a) Please describe the primary enclosure systems for all habitats, including patron separation distance and/or height (Attach sheet if necessary.):

b) Please describe the general minimum specifications for all other primary enclosures:

c) Please describe the secondary enclosure system (premises perimeter fencing etc.):

d) Is there a separate performance area for animal acts? Yes No

If yes, please describe the type of animals involved and how they are transferred to and from performance areas: _____

e) Please explain any breaches of any enclosure system within the past five years:

22. Emergency Plans

a) Please attach copies of the following or list procedures on a separate sheet:

- (i) emergency venomous animal injury (to others) procedure
- (ii) animal recapture procedure
- (iii) patron/employee emergency evacuation plan

b) Are guard dogs used? Yes No

If yes, please explain procedure: _____

23. Employees

a) number of employees: full-time _____ part-time _____

If volunteers are used, please explain their responsibilities: _____

b) Please attach a copy of employee training methods or list on a separate sheet.

24. Loaned Animals

a) Please attach the following:

- (i) written policy regarding loans to others
- (ii) written policy regarding loans to the institution

b) Please describe procedures of exhibiting non-owned animals at the institution:

25. Animal Waste Treatment/Disposal

a) Please 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, please explain in detail: _____

26. Is hands-on activity with 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

Please explain any “Yes” answers in detail, including safety measures used:

27. Limits of Liability required:

Commercial General Liability

Each Occurrence Limit	\$ _____
Products - Completed Operations Aggregate Limit	\$ _____
Personal Injury Limit	\$ _____
Tenants Legal Liability Limit	\$ _____
Medical Expense Limit - Per Occurrence/Per Person	\$ _____
Non-Owned Automobile Limit - Liability	\$ _____
- Physical Damage	\$ _____
Employee Benefits Limit	\$ _____
Employers Liability Limit	\$ _____
Advertising Injury Limit	\$ _____
Other: _____	\$ _____

28. Operations:

a) If the Insured has food and/or beverage sales, please indicate receipts:

Food \$

Alcohol \$

* If receipts indicate liquor sales please
fill out Liquor Liability Application

b) Does the Insured have any discontinued operations? Yes No

If yes, please state details: _____

c) What specific expertise does the Applicant's employees and/or volunteers have related to the Applicant's business? _____

29. Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? Yes No

If yes, please provide details: _____

b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract? Yes No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? Yes No

If no, please advise procedures followed and details of contracts used: _____

c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured? Yes No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability? Yes No

d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians? Yes No

If no, in whole or part, please explain: _____

If yes, in whole or part, please attach a copy of the waiver

30. Protective Liability

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ _____ Sublet? \$ _____

Please describe the types of work let or sublet: _____

31. Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: _____

32. Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? Yes No

If no, please explain: _____

33. Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft?

If yes, please give details: _____

34. Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? Yes No

If yes, please provide details: _____

b) Does the Insured rent or lease vehicles from others? Yes No

If yes (i) How often per year? _____ (per year)
(ii) Are any of these vehicles driven in the United States? Yes No

c) Does the Insured contract services from others? Yes No

If yes, please describe: _____

d) Does the Insured contract services from others for the purpose of operating Vehicles to perform maintenance, service, haulage or snow removal operations? Yes No

35. Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date

36. Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.)

37. Please provide deductible or self-insured retention amounts for each year noted in question 36.

Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect Any deductible provision(s) contained in existing or previous insurance policies? Yes No

38. Please attach a copy of the Insured's most recent audited financial statement.

39. Does the Insured have a formal loss-control program? Yes No

If yes, please provide details: _____

40. Does the Insured have a formal employee safety-training program? Yes No

If yes, please provide details: _____

41. Does the Insured have a formal premises snow/ice clearance procedure? Yes No

If yes, please provide details: _____

42. Does the Insured have a formal equipment or premises maintenance procedure? Yes No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel: _____

PLEASE INCLUDE COPIES OF THE FOLLOWING:

1. institution map/diagram
2. animal loan agreement
3. all contracts (including those described in application)
4. amusement/carnival ride description
5. last financial statement (three years, if possible)
6. detailed 3-year loss summary
7. all licences/permits
8. venomous animal injury plan
9. patron/employee emergency evacuation plan
10. animal recapture plan
11. animal acquisition/disposal plan
12. institution schedule (including special events, promotions, exhibitions)
13. most current species inventory list
14. liquor licence (if alcoholic beverages are sold)
15. employee training manual

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Name (Print)

Signature

Date

Agent/Broker: _____