

# Roush Insurance Services, Inc.

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## ZOO LIABILITY SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

### APPLICANT PREMISES OPERATIONS INFORMATION

1. **Type of Institution:**  Aquarium     Petting Zoo     Wildlife Park     Zoological Park  
 For-Profit     Non-Profit     Other—Describe: \_\_\_\_\_

2. **Average Daily Attendance:** ..... **Maximum Daily Attendance:** .....  
**Total Annual Attendance:** .....

3. **Hours of Operations:** In-Season: \_\_\_\_\_ to \_\_\_\_\_ Off-Season: \_\_\_\_\_ to \_\_\_\_\_  
 Describe off-season activities or promotions: \_\_\_\_\_

4. **Total Acres:** .....

5. **Revenues:**

Admission Charge	\$	Membership/Contributions/etc.	\$
Alcoholic Beverages	\$	Souvenir/Gift Shop Receipts	\$
Food/Beverage	\$	Stroller Rentals	\$
Horse Drawn or Motorized Rides	\$	Trail Rides	\$
Pumpkin Patch, Corn Maze	\$	Wheelchair Rentals	\$
Ponies, Elephants, Camels or Other Zoo Animals Rides	\$	Other—Explain:	\$
Total Annual Revenue from all Sources			\$

6. **Is the institution accredited by the AZA (Association of Zoos and Aquariums)?** .....  Yes  No

7. **Who staffs the applicant's first aid station?**  Doctor     Nurse     Other—Explain: \_\_\_\_\_

**8. Number of employees:** Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Volunteers: \_\_\_\_\_  
 Explain volunteers' responsibilities: \_\_\_\_\_  
 Do volunteers sign waivers of liability? .....  Yes  No

**9. Check all that apply:**

- Amusement Devices**  
Describe: \_\_\_\_\_
- Audience participation or photos with animals**  
Describe: \_\_\_\_\_
- Animal Rides**  
Describe: \_\_\_\_\_
- Breeding Loan Activities**  
Describe: \_\_\_\_\_
- Breeding Facility**  
Describe: \_\_\_\_\_
- Children's Day Camp**  
Describe: \_\_\_\_\_
- Children's Overnight Camp**  
Describe: \_\_\_\_\_
- Demonstrations**  
Describe: \_\_\_\_\_
- Educational Programs**  
Describe: \_\_\_\_\_
- Fireworks Display**  
Describe: \_\_\_\_\_
- Fundraisers**  
Describe: \_\_\_\_\_
- Lake(s)/Pond(s)/Stream(s)**  
Describe: \_\_\_\_\_
- Loan animals to travelling circuses** .....  With Operator  Without Operator  
Describe: \_\_\_\_\_
- Petting Zoo Area**  
Describe: \_\_\_\_\_  
 Does applicant have a hand washing station at the exit of the petting zoo? .....  Yes  No  
 Is a staff member/attendant present? .....  Yes  No  
 Does applicant ever exhibit animals off-premises? .....  Yes  No  
 If yes, describe situations and explain means of transporting animals: \_\_\_\_\_

Animal Type	Number	Animal Type	Number	Animal Type	Number

- Renting space to outside vendors for special events or fundraisers?** .....  Yes  No  
 Does applicant obtain certificates of insurance? .....  Yes  No  
 Is applicant listed as additional insured on vendors policy? .....  Yes  No
- School Presentations**  
Describe: \_\_\_\_\_

**Special Events/Activities/Attractions**

Describe: \_\_\_\_\_

**Tours of Premises**

Describe: \_\_\_\_\_

**Tram/Monorail/Train(s)**

Describe: \_\_\_\_\_

**Watercraft**

Describe: \_\_\_\_\_

**Wildlife Exhibitions**

Describe: \_\_\_\_\_

10. **Describe after-hours and off-season security plans:** \_\_\_\_\_

11. **Does applicant keep firearms on the premises in case of an animal escape?** .....  Yes  No

Are firearms locked in cabinets accessible only to key personnel? .....  Yes  No

Are tranquilizer guns or dart guns loaned or taken off-premises at any time?.....  Yes  No

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

12. **Are the applicant's security guards licensed/trained to use a firearm?**.....  Yes  No

Are background checks done on all security guards? .....  Yes  No

If no, explain: \_\_\_\_\_

13. **Are guard dogs used?** .....  Yes  No

Number of guard dogs: .....

14. **Describe enclosure system for all habitats, including separation distance between animals and public:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. **Have there been any breaches of enclosure systems within the past five years?** .....  Yes  No

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

16. **Explain the procedures for animal waste removal and treatment:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. **If applicant operates a "safari park" are convertibles or soft-top vehicles prohibited from entering the park?** .....  Yes  No

Are closed-circuit television cameras stationed throughout each habitat's perimeter to monitor visitors?  Yes  No

Explain what procedures are in place if visitor's car breaks down: \_\_\_\_\_

18. **Is applicant in compliance with federal and state regulations for the ownership and transfer of exotic animals?**.....  Yes  No

If no, explain: \_\_\_\_\_

19. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No

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

20. Does applicant have any other business ventures for which coverage is not requested?.....  Yes  No  
If yes, explain and advise where insured: \_\_\_\_\_

21. Does applicant have the following? If yes, attach copy.

- Animal loan agreement? .....  Yes  No
- Animal recapture plan? .....  Yes  No
- Brochures? .....  Yes  No
- Institution map/diagram? .....  Yes  No
- Institution schedule, including special events, promotions, exhibitions? .....  Yes  No
- Liquor license (if alcoholic beverages are sold)? .....  Yes  No
- USDA Registered Exhibitor License? .....  Yes  No
- Venomous Animal Injury Plan? .....  Yes  No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**Refer to Application form for State Fraud Warnings**

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.