



Illinois R. B. Jones

A KAUFMAN GROUP COMPANY

Since 1905

SECTION 1

Page 1 of 1

WATERPARK FACILITY INSURANCE APPLICATION GENERAL INFORMATION

Facility Name: _____ Owner's Name: _____
 Address: _____ Address: _____
 Telephone: _____ Telephone: _____
 Form of Organization ____ Corp ____ Partn ____ LLC ____ Other Contact Person: _____
 First Year of Operation: _____ Years of Present Ownership: _____

OPERATING SEASON	
Full time dates:	Full time hours:
Part time dates:	Part time hours:
Park capacity:	Days at capacity:

ANNUAL FIGURES				
	Attendance	Gross Receipt		
		Admissions	Food & Beverage	Other
Current Year:				
Prior Year:				
Previous Year:				

LOCAL JURISDICTION INSPECTIONS		
Date of Last Inspection	Authority	Frequency
Health		
Electrical		
Fire		
Engineering		
Ride Safety		

FIRST AID
Name of local medical facility: _____
Address: _____
Describe on-site First Aid facilities: _____
Describe First Aid personnel: _____

WATER ATTRACTIONS

List by groupings, identify by the facility's designated name for each grouping

SERPENTINE SLIDES	
Name _____ Number of Flumes _____ Length of Flumes _____ Manufacturer _____ Does rider use tube or mat? _____	Year Installed _____ Vertical Drop _____ Tower or in Ground _____ Pool or Run-Outs <u>Size & Depth</u> _____ What type _____
Name _____ Number of Flumes _____ Length of Flumes _____ Manufacturer _____ Does rider use tube or mat? _____	Year Installed _____ Vertical Drop _____ Tower or in Ground _____ Pool or Run-Outs <u>Size & Depth</u> _____ What type _____
Name _____ Number of Flumes _____ Length of Flumes _____ Manufacturer _____ Does rider use tube or mat? _____	Year Installed _____ Vertical Drop _____ Tower or in Ground _____ Pool or Run-Outs <u>Size & Depth</u> _____ What type _____
Name _____ Number of Flumes _____ Length of Flumes _____ Manufacturer _____ Does rider use tube or mat? _____	Year Installed _____ Vertical Drop _____ Tower or in Ground _____ Pool or Run-Outs <u>Size & Depth</u> _____ What type _____
SPEED SLIDES	
Name _____ Number of Flumes _____ Length of Flumes _____ Manufacturer _____ Free Fall _____ Humps _____	Year Installed _____ Vertical Drop _____ Tower weight _____ Pool or Run-Outs <u>Size & Depth</u> _____ What does rider ride on? _____ How many per flume _____
Name _____ Number of Flumes _____ Length of Flumes _____ Manufacturer _____ Free Fall _____ Humps _____	Year Installed _____ Vertical Drop _____ Tower weight _____ Pool or Run-Outs <u>Size & Depth</u> _____ What does rider ride on? _____ How many per flume _____
SLED SLIDES	
Name _____ Number of Flumes _____ Length of Flumes _____ Manufacturer _____ Must rider carry sled to stop _____	Year Installed _____ Vertical Drop _____ Tower or In-Ground _____ Pool or Run-Outs <u>Size & Depth</u> _____

DROP SLIDES	
Name _____ Number of Flumes _____ Length of Flumes _____ Manufacturer _____ Free Fall _____ Humps _____	Year Installed _____ Vertical Drop from end of slide to surface of landing pool _____ Depth of landing pool _____ How are riders dispatched _____

STOP & GO SLIDES	
Name _____ Total length _____ Vertical drop _____ Width of Flume _____ Designer/Builder _____	Number of pools _____ Number of entrances _____ Number of exits _____ Hourly capacity _____
Name _____ Total length _____ Vertical drop _____ Width of Flume _____ Designer/Builder _____	Number of pools _____ Number of entrances _____ Number of exits _____ Hourly capacity _____
Name _____ Total length _____ Vertical drop _____ Width of Flume _____ Designer/Builder _____	Number of pools _____ Number of entrances _____ Number of exits _____ Hourly capacity _____

LAZY RIVER	
Overall length _____ Width _____	Is it one continuous loop or are there branches? _____
How many branches? _____	Are there any other attractions emptying into the river? _____
If so, what are they? _____	Does the river contain any water effects, tunnels, etc.? _____
How many entrances? _____	Exits? _____ What is the water depth? _____

WAVE POOL		
Surface area _____	Head walk width _____	Beach end width _____
Depth of deepest water _____		
How is access to pool controlled? _____		

ACTIVITY POOL	
Surface area _____	Depth of water _____
Number activities _____	What are they? _____

How is access to activities controlled? _____	

KIDDIE ACTIVITY AREA	
Surface area _____	Depth of water _____
Number activities _____	What are they? _____

How is access to activities controlled? _____	

WATERPARK OPERATIONS	
Who developed staffing plan _____	
Who trains your staff? _____	
Who performs staff audits? _____	
How frequently? _____	
Who inspects your facility? _____	
How frequently? _____	

Does each ride/activity have instructional and warning signs? _____
Are all rules pertaining to acceptable conduct and use of park facilities posted so that they can be read by every patron entering the park? _____
Do you provide USCG approved life vests for inadequate swimmers? _____

What type of chlorine do you use? _____
How is chlorine storage area secured? _____
How are chemicals stored and secured? _____

Insured's Signature: _____

Date: _____

THREE-YEAR CLAIM HISTORY				
NAME	DATE	CAUSE	PAID	RESERVE

PRIOR CARRIER INFORMATION			
INSURANCE CO	POLICY PERIOD	DEDUCTIBLE	PREMIUM

Has any insurance company cancelled or refused to renew coverage? _____

If yes, give name of company and reason _____

Attach a copy of your operations manual.