



**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: _____

MECHANICAL RIDES/ATTRACTION				
#	PARK'S NAME FOR RIDE/ATTRACTION	MANUFACTURER'S NAME FOR RIDE/ATTRACTION	YEAR MANUFACTURED	YEAR INSTALLED
Add schedules as may be required to completely list rides and attractions				

**INSPECTIONS/MAINTENANCE**

Describe your facilities in -house inspection procedures:

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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 &amp; Depth</u> _____ What type _____
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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 &amp; 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 &amp; 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 &amp; 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 _____ How many branches? _____ If so, what are they? _____	Is it one continuous loop or are there branches? _____ Are there any other attractions emptying into the river? _____ Does the river contain any water effects, tunnels, etc.? _____
How many entrances? _____ Exits? _____ What is the water depth? _____	

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

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.