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### Zoo Liability Supplemental Application

(Complete in addition to General Application and General Liability Renewal Application)

Applicant's Name: \_\_\_\_\_

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

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

#### APPLICANT PREMISES OPERATIONS INFORMATION

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

2. Doing Business As: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Location of business (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

5. Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Nighttime phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

6. Website Address: \_\_\_\_\_

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

8. Average Daily Attendance: \_\_\_\_\_ Maximum Daily Attendance: \_\_\_\_\_

Total Annual Attendance: \_\_\_\_\_

9. Hours of Operations: In Season: \_\_\_\_\_ to \_\_\_\_\_ Off Season: \_\_\_\_\_ to \_\_\_\_\_

Describe off-season activities or promotions: \_\_\_\_\_

10. Total Acres: \_\_\_\_\_

11. 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			\$

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

13. Who staffs the applicant's first aid station?  Doctor  Nurse  Other—explain: \_\_\_\_\_

14. Number of employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Volunteers: \_\_\_\_\_

Explain volunteers' responsibilities: \_\_\_\_\_

Do volunteers sign waivers of liability? .....  Yes  No

15. 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: \_\_\_\_\_

Fund Raisers

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: \_\_\_\_\_

16. Describe after hours and off season security plans: \_\_\_\_\_  
\_\_\_\_\_

17. 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: \_\_\_\_\_  
\_\_\_\_\_

18. 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: \_\_\_\_\_  
\_\_\_\_\_

19. Are guard dogs used? .....  Yes  No

Number of guard dogs: \_\_\_\_\_

20. Describe enclosure system for all habitats, including separation distance between animals and public:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

23. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

25. 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 state-ments 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.