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 www.kandkinsurance.com  
 CA# 0334819

# ZOOLOGICAL PARK AND AQUARIUM APPLICATION

*(Include copies of lists, licenses and other items as requested.)*

## IMPORTANT

**THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.**

### 1. Applicant Information:

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

Doing Business As: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Person is:  Owner  Promoter  Agent  Other: \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) Fax Number( \_\_\_\_\_ )

Name of Agent/Brokerage: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) Fax Number( \_\_\_\_\_ )

Tax ID Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

a. Nature of business/description of operations/events: \_\_\_\_\_

b. Insured is:  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

c. Policy Period Requested: \_\_\_\_\_ to \_\_\_\_\_

d. Estimated Number of Events: \_\_\_\_\_

### 2. Type of Institution:

Zoological Park  Aquarium  Wildlife Park  Oceanarium  Combination

### 3. Who Owns:

Land: \_\_\_\_\_

Collections: \_\_\_\_\_

Buildings/Grounds: \_\_\_\_\_

4. Institution is  For Profit  Non-Profit

5. How long under present ownership? \_\_\_\_\_ How long under present management? \_\_\_\_\_

**6. Additional Insureds Requested (subject to underwriting approval.):**

Name	Relationship to Insured
_____	_____
_____	_____
_____	_____
_____	_____

**7. Present Insurance/Risk Retention Method:**

Claims Made Form                       Occurrence Form

Provided by municipality

Self Insured                       Self Insured Retention Retention Limit \$ \_\_\_\_\_

Insured Retention Limit \$ \_\_\_\_\_

Insurance Limit \$ \_\_\_\_\_

Insurance Company: \_\_\_\_\_

**Attach four year loss history (including current year)**

**8. Attendance:**

Average Daily Attendance \_\_\_\_\_

Maximum Daily Attendance \_\_\_\_\_

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

**9. Revenues:**

A. Admission Charge

Adults                                      \$ \_\_\_\_\_

Minors                                      \$ \_\_\_\_\_

Total Annual Admission Receipts      \$ \_\_\_\_\_

B. Souvenir/Gift Shop Receipts      \$ \_\_\_\_\_

C. Concessions

Food/Beverage                              \$ \_\_\_\_\_

Alcoholic Beverage                        \$ \_\_\_\_\_

Total Concession Receipts              \$ \_\_\_\_\_

Are concessions contracted to others?     Yes       No

D. Endowments/Grants

Contributions                              \$ \_\_\_\_\_

Memberships                                \$ \_\_\_\_\_

Other                                         \$ \_\_\_\_\_

E. Total Annual Revenues                \$ \_\_\_\_\_

**10. Liability Limits Requested:**

- A.  Occurrence Form                       Claims Made Form  
 Each Occurrence                              \$ \_\_\_\_\_  
 General Aggregate\*                              \$ \_\_\_\_\_
- B.  Deductible Limit (if any)                      \$ \_\_\_\_\_  
 Self Insured Retention Limit                      \$ \_\_\_\_\_

\* **Other aggregates may apply per policy requirements.**

**11. Description of Operations (Attach list if necessary):**

**A. General:**

- |                                                 |                                                    |                                                |
|-------------------------------------------------|----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Museum                 | <input type="checkbox"/> Watercraft                | <input type="checkbox"/> Novelty/Gift Shop     |
| <input type="checkbox"/> Tram/Monorail/Train(s) | <input type="checkbox"/> Lake(s)/Pond(s)/Stream(s) | <input type="checkbox"/> Concessions           |
| <input type="checkbox"/> Breeding Facility      | <input type="checkbox"/> Breeding Loan Activities  | <input type="checkbox"/> Other Loan Activities |
| <input type="checkbox"/> Alcoholic Beverages    |                                                    |                                                |

- Sold     Gratuitous

Whose responsibility is the liquor liability? \_\_\_\_\_

If contracted, does the liquor concessionaire provide liability coverage?     Yes     No

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

- Carts, Vans, Buses, Motorcycles or ATVs  
 On Premises     Off Premises

- Veterinary Services  
 Veterinarian is employed     Veterinarian is contracted.

- Off Premises
- |                                               |                                                  |
|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Institution          | Describe: _____                                  |
| <input type="checkbox"/> Captive Facility     | Describe: _____                                  |
| <input type="checkbox"/> Breeding Facility    | Describe: _____                                  |
| <input type="checkbox"/> Wildlife Exhibitions | List wildlife exhibited: _____<br>_____<br>_____ |

- On Premises
- |                                               |                                                  |
|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Institution          | Describe: _____                                  |
| <input type="checkbox"/> Captive Facility     | Describe: _____                                  |
| <input type="checkbox"/> Breeding Facility    | Describe: _____                                  |
| <input type="checkbox"/> Wildlife Exhibitions | List wildlife exhibited: _____<br>_____<br>_____ |

**B. Educational (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"/> Childrens' Day or Overnight Camps   | <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"/> |

\*Describe any off-premises activities including live wildlife exhibitions: \_\_\_\_\_

**C. Research:**

- Separate Research Library     Formal Research Project(s)

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

**D. Special Events/Activities/Attractions:**

- Fireworks Displays                       Concerts                       Other Performances

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

- Parking Lot Events

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

- Special Functions (*social, political events, etc. — attach schedule*)

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

- Holiday or Other Seasonal Promotions

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

- Publications

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

- Fund Raisers

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

- Mechanical Rides and/or Water Rides (*carnival/amusement*)

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

Is there a qualified ride inspector to perform mechanical and electrical inspections?                       Yes                       No

Are maintenance manuals for all rides kept on premises?                       Yes                       No

Do you have a formal/written ride operator training program?                       Yes                       No

Do the rides meet the ASTM standards for amusement rides and/or ANSI standards for sky rides/chairlifts/aerial tramways?                       Yes                       No

Are your rides inspected by your state?                       Yes                       No

- Animal Rides

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

Habitat Rides

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

Animal Mascot Loans

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

Do you have a petting zoo?  Yes  No

If Yes, is it operated by an independent contractor?  Yes  No

If Yes, do you receive a certificate of insurance naming you as an additional insured?  Yes  No

Do you have a contract with a hold harmless and indemnification agreement?  Yes  No

Are all animals properly vaccinated?  Yes  No

Is there a hand washing at the exit of the petting zoo?  Yes  No

Is there signage posted with regard to the importance of hand washing after animal contact?  Yes  No

Playground

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

Grandstand

Bleachers

Describe seating age and construction: \_\_\_\_\_

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

**12. Hours of Operation:**

In Season: \_\_\_\_\_ to \_\_\_\_\_ Off Season: \_\_\_\_\_ to \_\_\_\_\_

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

**13. Institution Opening Date:** \_\_\_\_\_ **Closing Date:** \_\_\_\_\_

**14. Total Acres (off main zoo premises):** \_\_\_\_\_ **Parking Spaces:** \_\_\_\_\_

**15. Avian Flu Guidelines:**

Does the risk comply with the 2005 AZA Avian Flu Guidelines as summarized below?  Yes  No

***If No, please attach an outline of your Avian Flu procedures.***

2005 AZA AVIAN FLU GUIDELINES:

*A. Facility should follow standard biosecurity measures for zoos and aquariums*

*B. Facility should have formal procedures addressing the following:*

- Control measures that would be initiated upon suspected or confirmed cases of avian influenza, such as isolating and decontaminating affected areas or closing portions of the facility.*
- Protocols for short-term treatment of sick and injured native birds before releasing them to rehabilitation facilities.*
- Employee education program that provides information on topics such as how to prevent influenza from spreading and guidelines that help keep them and the birds they care for healthy.*
- Guidelines with proactive steps in the event of an outbreak of bird flu in or near the facility.*
- Proper local jurisdiction protocol is followed with regard to deceased wild birds found on premises*

*C. Employees working in bird areas should be required to wear appropriate personal protective equipment and employ proper cleaning and disinfecting protocols.*

**16. Zoo/Camp Operations (if applicable):**

- A. Would you like a quote for sexual abuse and molestation coverage (if eligible)?  Yes  No
- B. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a camper, member or participant reports someone molested him/her which includes reporting suspected child/sexual abuse after learning of such an allegation?  Yes  No
- C. Do you have a plan of supervision, including procedures to limit one-on-one interaction between an adult and youth, that monitors staff in day to day relationships with campers, members or participants?  Yes  No
- D. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses?  Yes  No
- E. If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment?  Yes  No
- F. Does staff screening include criminal background checks on all new (including seasonal) employees/volunteers, and on year around employees/volunteers every 5 years?  Yes  No
1. If yes, provide name of service provider you use to conduct criminal background checks \_\_\_\_\_  
\_\_\_\_\_
- G. Does new staff screening include at least two references and a personal interview before being hired-accepted as employee/volunteer?  Yes  No
- H. Does the staff screening include an annual check of all employees/volunteers on the National Sex Offender Public Website?  Yes  No
- I. Have you ever had an incident which resulted in an allegation of sexual abuse at your camp or other operation?  Yes  No
1. Was a claim made against your camp or other operation? \_\_\_\_\_  
If yes, please provide details of the claim/incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How much money was paid as damages to the victim? \_\_\_\_\_
3. What has been done to prevent such occurrences from happening in the future? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**17. Professional Affiliations:**

- A. Is the institution a member of the American Zoo and Aquarium Association?  Yes  No
- B. Is the institution accredited by the AZA?  Yes  No

**PLEASE  
NOTE**

**IF YOU ANSWER "YES" TO PART "B" OF QUESTION 17, SKIP TO ITEM #25 AND SIGNATURE PAGE.  
IF YOU ANSWER "NO" TO PART "B" OF QUESTION 17, PLEASE FINISH FILLING OUT THIS APPLICATION.**

**18. Regulatory Compliance:**

A. Does the institution comply with:

1. All local fire codes?  Yes  No

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

2. All local, state and federal regulations?  Yes  No

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

B. Does the facility comply with the Animal Welfare Act, Part 3 – Standards Subparts D, E and F as respects the following?

**Facilities and Operation Standards:**

Facilities – General  Yes  No

Facilities – Indoor  Yes  No

Facilities – Outdoor  Yes  No

Primary Enclosures  Yes  No

Space Requirements  Yes  No

**Animal Health and Husbandry Standards:**

Feeding  Yes  No

Watering/Water Quality  Yes  No

Sanitation  Yes  No

Employees or Attendants  Yes  No

Classification and Separation  Yes  No

Veterinary Care  Yes  No

Handling  Yes  No

**Transportation Standards:**

Consignments to Carriers and Intermediate Handlers  Yes  No

Primary Enclosures Used to Transport Live Non-Human Primates  Yes  No

Primary Conveyances (Motor Vehicle, Rail, Air, Marine)  Yes  No

Food and Water Requirements  Yes  No

Care in Transit  Yes  No

Terminal Facilities  Yes  No

Handling  Yes  No

A complete explanation must be given for any "NO" answer in part B of question #18 (**attach sheet if necessary**). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Attach Copies of All licenses, including:

- USDA Registered Exhibition License **License #** \_\_\_\_\_
- USDA Licensed Exhibitor and any other required USDA licenses
- Most current USDA inspection report

D. Are any staff members under investigation for alleged violation of any wildlife regulations?  Yes  No

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

**19. Security:**

- A. Number and type of personnel: \_\_\_\_\_  
(Private, employees, city or county police)  Armed  Unarmed
- B. 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, describe: \_\_\_\_\_
- D. Describe any alarm system present, including burglary or theft prevention measures: \_\_\_\_\_  
\_\_\_\_\_
- E. Are guard dogs used?  Yes  No  
If yes, explain procedure: \_\_\_\_\_  
\_\_\_\_\_

**20. Enclosure System:**

- A. Describe the primary enclosure systems for all habitats including patron separation distance/height  
**(attach sheet if necessary):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. Describe the general minimum specifications for all other primary enclosures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. Describe the secondary enclosure system (premises perimeter fencing, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. Is there a separate performance area for animal acts?  Yes  No  
If yes, describe the type of animals involved and how they are transferred to and from performance areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Detail any breaches of any enclosure systems within the past five years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**21. Employees:**

- A. Number of employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
If volunteers are used, explain their responsibilities: \_\_\_\_\_  
\_\_\_\_\_
- B. Explain employee training methods **(attach copy.)**



**22. Loaned Animals:**

A. Describe the written policy regarding loans to others (*attach copy.*)

B. Describe the written policy regarding loans to the institution (*attach copy.*)

C. Describe non-owned animals exhibited at the institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**23. Animal Waste Treatment/Disposal:**

A. 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, explain in detail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**24. Is "Hands On" activity for 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

Explain any "Yes" answers in detail, including safety measures used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**25. ADDITIONAL INFORMATION - PLEASE INCLUDE COPIES OF:**

**Column #1**

- Institution map/diagram
- Animal loan agreement
- Sample copies of all contracts, including those described in application
- Amusement/Carnival ride description
- Detailed 4-year loss summary (including current year)
- Institution schedule, including special events, promotions, exhibitions
- Liquor license (if alcoholic beverages are sold)
- Ride inspection checklists

***(AZA Accredited Programs stop here.  
Non-accredited programs continue to Column #2).***

**Column #2**

- All licenses/permits
- Venomous animal injury plan
- Patron/employee emergency evacuation plan
- Animal recapture plan
- Animal acquisition/disposal plan
- Employee training manual

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature Producer's

\_\_\_\_\_  
Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Date (MM/DD/YYYY)