



# Grain Insurance & Guarantee Company



## APPLICATION FOR WATERSLIDE LIABILITY INSURANCE

Named Insured: \_\_\_\_\_ Website: \_\_\_\_\_

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

Location of Waterslide Park: \_\_\_\_\_

Policy Term: From \_\_\_\_\_ To: \_\_\_\_\_

Liability Limit Required: \$ \_\_\_\_\_ Inclusive Desired Deductible: \$ \_\_\_\_\_

### Underwriting Information

Year Park Opened: \_\_\_\_\_ Number of years under present management: \_\_\_\_\_

Is the Insured the owner or lessee of the park? \_\_\_\_\_

### Claims/Loss History for Last 5 Years

<u>Date</u>	<u>Cause</u>	<u>Amount</u>	<u>Insurer</u>

Previous Insurer: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Has any insurance company canceled or refused to renew the insurance for this operation? \_\_\_\_\_

If "Yes" please provide the name of the insurance company and the reasons: \_\_\_\_\_

Length of normal operating season: From: \_\_\_\_\_ To: \_\_\_\_\_

Is the slide built on a hill or with steel or timber supports? (describe):  
\_\_\_\_\_  
\_\_\_\_\_

Name of the slide manufacturer: \_\_\_\_\_

Name of the installation contractor: \_\_\_\_\_

Year Constructed: \_\_\_\_\_ Year of Additions (if applicable): \_\_\_\_\_

Is insured allowed to deviate from manufacturer's recommendations for assembly?  Yes  No

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

Dimensions of Slide: Number of Flumes: \_\_\_\_\_ Length: \_\_\_\_\_

Width of each flume: \_\_\_\_\_ Height of tallest flume: \_\_\_\_\_

Surface finish of flumes: \_\_\_\_\_

Condition of flumes (confirm no rough edges or deterioration of surface): \_\_\_\_\_

Is the slide straight or curved? (describe) \_\_\_\_\_

Is a maintenance program in place? Please provide details: \_\_\_\_\_

Is the pump house locked at all times? \_\_\_\_\_ Do all pools have depth markers? \_\_\_\_\_

Condition of decking, walkways and handrails? \_\_\_\_\_

What is the minimum number of attendants on duty at all times and where are they positioned? \_\_\_\_\_

On what do the participants go down the slide? \_\_\_\_\_

Approximately how fast do the participants descend the slide? \_\_\_\_\_

What type of landing area do the slides empty into? (pool, lake etc.) \_\_\_\_\_

What is the depth of water in the receiving pool? \_\_\_\_\_ What are the dimensions of the receiving pool? \_\_\_\_\_

Is the water level in the landing area even with the flume? \_\_\_\_\_

Are lists of rules and regulations posted? \_\_\_\_\_

Please provide list and advise where signs are posted (attach separate page): \_\_\_\_\_

Confirm that waterslides flumes are not accessible when operation is closed: \_\_\_\_\_

Please list all other attractions operated by the Insured: \_\_\_\_\_

**Gross Receipts**

	<u>Actual Last Year</u>	<u>Anticipated Coming Year</u>
Gate Receipts	\$ _____	\$ _____
Slide Receipts	\$ _____	\$ _____
Games	\$ _____	\$ _____
Food & Novelties	\$ _____	\$ _____
Beer & Liquor	\$ _____	\$ _____
Other (Describe)	\$ _____	\$ _____
	\$ _____	\$ _____
<b>Total Receipts</b>	<b>\$ _____</b>	<b>\$ _____</b>

**CONSENT in accordance with the Act Respecting the Protection of Personal Information**

If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfill their functions:

(A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection, or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.

- for the purpose of establishing the premium and the assessment of risk; and, (if you would like to consent now)
- for the purpose of verification, assessment and the settlement of losses;

Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.

(B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

**This insurance application is considered to include all provisions for all forms to be issued in accordance with this contract.  
 The total estimated policy premium is subject to adjustment.**

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>	<b>SIGNATURE OF CO APPLICANT</b>	<b>DATE</b>

Broker Recommendation

New business to this office.

Currently insured through this office.

If currently insured through this office, why is account being re-marketed?

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Is applicant known to selling broker?  Yes  No      If Yes, how long? \_\_\_\_\_ years.

Has marketing broker seen this risk?  Yes  No

If Yes, condition of risk?  excellent  good  average  fair  poor

Financial situation of applicant:  not known  excellent  good  average  fair  poor

Marketing broker's overall opinion of risk:  excellent  good  average  fair  poor

<b>SIGNATURE OF BROKER/AGENT</b>	<b>DATE</b>
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