Elliott Special Risks LP
Toronto, Ontario
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ZOOLOGICAL PARK & AQUARIUM APPLICATION

ELLIOTT SPECIAL RISKS LP
A Markel International company

PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant**: _____

   _____

2. **Mailing address**: _____

   _____ **Website Address**: _____

   List all location/s: _____

   Area occupied: _____

3. Who owns - Land: _____
   - Collections: _____
   - Buildings/Grounds: _____

4. Type of Institution: ☐ Zoological Park ☐ Aquarium ☐ Wildlife Park
   ☐ Oceanarium ☐ Combination ☐ Interactive animal facility

5. Institution is: ☐ For Profit ☐ Non-Profit

6. How long under present ownership? _____ How long under present management? _____

7. Breakdown of receipts from:
   a) Gate: ..... $ _____
   b) Concessions: ..... $ _____
   c) Liquor: ..... $ _____
   d) Amusements/special features (e.g. animal rides): ..... $ _____
   e) Other (Please describe) ..... $ _____
   Total: $ _____

   Annual gate attendance: _____

   Operating Season: From: _____ To: _____

8. How long has the Applicant been in business? _____

   Describe Applicant's experience in this business/qualifications and experience of animal handlers

   _____

   _____

   _____

9. **Description of Operations**. Please describe all attractions at the subject locations (types and number of animals, amusement rides, playgrounds, etc.):

_____

_____

_____

10. Do you have an emergency plan to handle animal escapes? ☐ YES ☐ NO

If yes, please describe, if no, please explain: _____

_____

If wildlife park, is it fenced and patrolled? _____

Do customers drive their own vehicles through? _____

Are warning signs posted? _____

Incident report mechanism (form): _____

A. GENERAL

☐ Carts, trains, buses, motorcycles, ATVs or other transportation ☐ On Premises ☐ Off Premises

Describe Veterinary Services: ☐ Veterinary is employed ☐ Veterinary is contracted

Any off premises facilities or services, e.g. breeding. Please describe: _____

_____

B. EDUCATIONAL (check if any)

	On Premises	Off Premises
☐ Lectures/Films/Classes	☐	☐
☐ Demonstrations	☐	☐
☐ Tours	☐	☐
☐ School Presentations	☐	☐
☐ College Work/Class/Research Program	☐	☐
☐ Docent Program	☐	☐

(coverage must be specifically endorsed for any off-premises activities including wildlife)

C. RESEARCH

☐ Separate Research Library ☐ Formal Research Project(s)

Please describe: _____

D. SPECIAL EVENTS/ACTIVITIES/ATTRACTIONS

☐ Fireworks Displays ☐ Concerts ☐ Other Performances

Please describe: _____

☐ Parking Lot Events – Please describe: _____

☐ Special Functions (social, political events, etc., attach schedule) - Describe: _____

☐ Holiday or Other Seasonal Promotions – Please Describe: _____

☐ Publications – Other Please describe: _____

11. Total payroll: $ _____ No. of Employees: _____

Are all employees covered under WSIB? ☐ YES ☐ NO

Do you have any volunteers? ☐ YES ☐ NO

If yes, please advise numbers and how many employees: _____

If no, please list numbers by job description and estimated payroll:

Total payroll: $ _____ No. of Employees: _____

12. Describe work performed for Applicant by sub-contractors: _____

_____

_____

Is evidence of Liability Insurance obtained from all sub-contractors? ☐ YES ☐ NO

If "No", please explain: _____

If "Yes", please advise what limits they are required to provide. _____

Does applicant have any agreements assuming liability? ☐ YES ☐ NO

If so, please describe and provide copies.

13. **Non-Owned Automobile**

Number of employees using their cars on company business: Regularly _____

Occasionally _____

Estimated annual cost of hired cars: $ _____

Estimated annual cost of cars operated under contract: $ _____

14. Does applicant presently carry insurance? ☐ YES ☐ NO

If yes, who is present insurer? _____ Premium: _____

Is present insurance Claims Made? ☐ YES ☐ NO If Yes, state retro date: _____

Are they willing to renew? ☐ YES ☐ NO

If no, please explain: _____

Does the policy cover all operations of the Insured? ☐ YES ☐ NO

If no, please describe: _____

15. **Claims History:**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

		AMOUNT				
Date of Occurrence	**Describe Occurrence And Injury or Damage**	**Reserve**	**Paid**	**Expenses**	**Deductible**	**Status**

Are you aware of any other incidents which may result in claims against you? ☐ YES ☐ NO

If yes, give details: _____

16. **Accident Prevention and First Aid**

First Aid Post: Doctors: _____ Full Time: _____ Part Time: _____

Nurses: _____ Full Time: _____ Part Time: _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed: ☐ YES ☐ NO

17. Please indicate limit(s) of liability required: _____

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKER NAME: _____

ADDRESS: _____

_____

PHONE NO.: _____

FAX NO.: _____

EMAIL: _____

Print Form Email Form