



#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604)888-0050 FAX: (604)888-1008

ZOOLOGICAL PARK & AQUARIUM APPLICATION

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): _____

11. 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: _____

12. 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)

13. RESEARCH

Separate Research Library Formal Research Project(s)

Please describe: _____

14. SPECIAL EVENTS/ACTIVITIES/ATTRACTIONS

Firework 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: _____

15. 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: _____

16. 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:

17. 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: \$ _____

18. 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: _____

19. **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.

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

Are you aware of any other incidents which may result in claims against you? Yes No

If yes, give details: _____

20. **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

21. 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: _____

APPLICANTS SIGNATURE: _____

BROKER NAME: _____

BROKER EMAIL: _____

BROKER ADDRESS: _____