

## **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.	Website Address List all location(s):						
3.	Collection	ns:					
4.	Type or Institution:		Aquarium	Wildlife Park			
	,,,	Oceanarium	Combination	Interactive A	nimal Facility		
5.	Institution is:	For Profit	Non-Profit				
6.	How long under present ownership?  How long under present management?						
7.	How long has the Applicant been in business?			Total:	\$\$ \$\$ \$\$		
9.	Description of Operations. Please describe all attractions at the subject locations (types and numbers 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?						

11.	GENERAL			
	Carts, trains, buses, motorcycles, ATVs or other transportation  Describe Veterinary Services: Veterinary is employed Ve  Any off premises facilities or services, e.g. breeding. Please describe	•		
12.	EDUCATIONAL (check if any)  Lectures/Films/Classes  Demonstrations  Tours  School Presentations  College Work/Class/Research Program  Docent Program  (coverage must be specifically endorsed for any off-premises activities)		Off Premises	
13.	RESEARCH Seperate Research Library Formal Research Proje Please describe:			
14.	SPECIAL EVENTS/ACTIVITIES/ATTRACTIONS  Firework Displays Concerts  Please describe:		r Performances	
	Parking Lot Events - Please describe:			
	Special Functions (social, political events, etc., attach schedule) - Des			
	Holiday or Other Seasonal Promotions - Please Describe:			
	Publications - Other Please describe:			
15.	Total Payroll: \$	No. of Employee	S:	
	Are all employees covered under WSIB? Yes No			
	Do you have any volunteers? Yes No			
	If yes, please advise numbers and how many are employees:			
	If no, please list numbers by job description and estimated payroll: $\_$			
	Total Payroll: \$	No. of Employee	s:	
16.	Describe work performed for Applicant by sub-contractors:			
	Is evidence of Liability Insurance obtained from all sub-contractors?  If no, please explain:	Yes No		
	If yes, please advise what limits they are required to provide:			
	Does applicant have any agreements assuming liability? Yes  If so, please describe and provide copies:	No		
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?	Premiu	m:	
	Are they willing to renew? Yes No If no, please expla	in:		

	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.									
	William Have been te	aken over or merge	a with your compa	ury.						
				AMO	TNUC					
	Date of Describe 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?  No  If yes, give details:									
20.	Accident Prevention	on and First Aid								
	First Aid Post:	Doctors:		Full Time:		Part Time:				
		Nurses:		Full Time:		Part Time:				
	Fire alarm - other w									
			•	gineers employed?						
21.	Please indicate lim	it(s) of liability requ	ıired:							
here It is insu	ein shall be the basis mutually agreed be	s of the contract sh tween the Compan	ould a policy be is:  y and the Applican	to complete this ins sued. It that any inspectio benefit of the Comp	n of premises, oper	ations or any matte	er pertaining to			
THE	UNDERSIGNED HE	REBY ACKNOWLE	DGES THE TRUTH	OF THE STATEMEN	NTS CONTAINED H	EREIN.				
CON	MMERCIAL INSURA	NCE POLICY OR A	RENEWAL, EXTEN	DNAL INFORMATION ISION OR VARIATIO D DETECT AND PRE	N THEREOF, FOR T	HE PURPOSES NE	CESSARY TO			
Date	ed:		App	licant's Signature: _						
Brol	ker Name:		Brok	ker Email:						
Brol	ker Address:									