

ZOOLOGICAL PARK AND AQUARIUM INFORMATION FORM

(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: _____

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: _____

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 Retention
 Self Insured Retention Limit \$ _____
 Insured
 Insurance Limit \$ _____
 Insurance Company: _____
Attach three year loss history

8. Attendance

Average Daily Attendance _____
Maximum Daily Attendance _____
Total Annual Attendance _____

9. Revenues

A. Admission Charge

Adults \$ _____
Minors \$ _____
Total Annual Receipts \$ _____
Attach Financial Statement

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. 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

IF YOU ANSWER YES TO QUESTION "B" CONTINUE TO SIGNATURE PAGE
IF YOU ANSWER NO TO QUESTION "B" PLEASE FINISH FILLING OUT THIS APPLICATION

12 Description of Operations (Attach list if necessary.)

A. General

- Museum Watercraft Concessions Alcoholic Beverages
 Novelty/Gift Shop Tram/Monorail/Train(s) Lake(s)/Pond(s)/Stream(s) Breeding Facility
 Breeding Loan Activities Other Loan Activities
 Sold

Whose responsibility is the liquor liability? _____

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

If no, explain: _____

Gratuitously

Carts, Vans, Buses, Motorcycles or ATVs

On Premises Off Premises

Veterinary Services

Veterinary is employed Veterinary is contracted

Off Premises

Institution Describe: _____

Captive Facility Describe: _____

Breeding Facility Describe: _____

Wildlife Exhibitions List wildlife exhibited: _____

Off Premises

Institution Describe: _____

Captive Facility Describe: _____

Breeding Facility Describe: _____

Wildlife Exhibitions List wildlife exhibited: _____

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"/> 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: _____

Coverage must be specifically endorsed for any off-premises activities including wildlife.)

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 (carnival/amusement)

Describe: _____

Animal Rides

Describe: _____

Water Rides

Describe: _____

Habitat Rides

Describe: _____

Animal Mascot Loans

Describe: _____

Petting Zoo Feeding permitted Yes No

Playground

Describe: _____

Other

Describe: _____

13. Hours of Operation

In Season: _____ to _____ Off Season: _____ to _____

Describe off-season activities or promotions: _____

14. Institution Opening Date: _____ **Closing Date:** _____

15. Total Acres: _____ **Parking Spaces:** _____

16. 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?

1. Facilities and Operation Standards

- a. Facilities – General Yes No
- b. Facilities – Indoor Yes No
- c. Facilities – Outdoor Yes No
- d. Primary Enclosures Yes No
- e. Space Requirements Yes No

2. Animal Health and Husbandry Standards

- a. Feeding Yes No
- b. Watering/Water Quality Yes No
- c. Sanitation Yes No
- d. Employees or Attendants Yes No
- e. Classification and Separation Yes No
- f. Veterinary Care Yes No
- g. Handling Yes No

3. Transportation Standards

- a. Consignments to Carriers and Intermediate Handlers Yes No
- b. Primary Enclosures Used to Transport Live Non-Human Primates Yes No
- c. Primary Conveyances (Motor Vehicle, Rail, Air, Marine) Yes No
- d. Food and Water Requirements Yes No
- e. Care in Transit Yes No
- f. Terminal Facilities Yes No
- g. Handling Yes No

A complete explanation must be given for any "NO" answer (attach sheet if necessary). _____

C. Attach Copies of

1. All licenses, including:

USDA Registered Exhibition License License # _____

USDA Licensed Exhibitor and any other required USDA licenses

2. Most current USDA inspection report

D. Are any staff member under investigation

for alleged violation of any wildlife regulations?

Yes

No

If yes, explain: _____

17. 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: _____

18. 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: _____

19. Emergency Plans

A. Explain the emergency venomous animal injury (to others) procedure (attach copy.)

B. Explain the animal recapture procedure (attach copy.)

C. Explain the patron/employee emergency evacuation plan (attach copy.)

D. Are guard dogs used?

Yes

No

If yes, explain procedure: _____

20. Employees

- A. Number of employees: Full-time: _____ Part-time: _____
If volunteers are used, explain their responsibilities: _____

- B. Explain employee training methods (attach copy.)

21. 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: _____

22. 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 _____

23. 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: _____

PLEASE INCLUDE COPIES OF:

- Institution map/diagram
- Animal loan agreement
- All contracts, including those described in application
- Amusement/Carnival ride description
- Last Financial statement (three years, if possible)
- Detailed 3-year loss summary
- All licenses/permits
- Venomous animal injury plan
- Patron/employee emergency evacuation plan
- Animal recapture plan
- Animal acquisition/disposal plan
- Institution schedule, including special events, promotions, exhibitions
- Most current species inventory list
- Liquor license (if alcoholic beverages are sold)
- Employee training manual