

AGRITAINMENT INSURANCE QUESTIONNAIRE

APPLICANT INFORMATION:

Named Insured: _____
 Mailing Address: _____
 E-mail: _____
 Web Address: _____
 Main Contact Person: _____ Cell Phone: _____ Email: _____
 Business Entity: Individual Partnership Corporation Other (specify): _____

REQUIREMENTS FOR QUOTE:

- 3-5 Year Loss History
- All Waivers
- Brochures and Advertising Literature
- Vehicle Schedule – Year, Make, Model, VIN number
- Property Schedule – Year Built, Construction, Replacement Cost, Content Limit for each location
- Equipment Schedule – Year, Make, Model, and Value

PREMISES INFORMATION:

Location #	Building #	Street, City, County, State, ZIP

GENERAL INFORMATION:

1. Please describe your operations / activities for each location.

2. Do you have any amusement devices (i.e. Zipline, Jumping Pillows, Slides, Trains, etc.)?

3. # of years in business?

4. Has any policy or coverage been declined, canceled, or non-renewed in the past 3 years?

5. Any Past Losses or claims?

6. Have you ever filed for bankruptcy or have any outstanding tax liens (i.e. Property tax, sales tax, unemployment tax, etc.)?

If yes, please explain:



7. Prior Insurance Carrier:
8. FEIN Number:
9. Hours of operation:
10. # of Employees: _____ Full Time _____ Part Time
11. Please provide Gross sales for the following:
 - a. Admission Fees
 - b. Rides (fees in addition to admission)
 - c. Christmas Tree Sales
 - d. Pick Your Own Sales
 - e. Pumpkin Sales
 - f. Concession/Restaurant Sales
 - g. Food Sales
 - h. Liquor Sales
 - i. Retail Sales
 - j. Other (please describe)
 - k. TOTAL SALES

12. # of Acres: _____

13. Do you hire Sub-Contractors that carry their own insurance?

- a. Please Describe: _____
- b. Are Certificates of insurance provided?
- c. Are you named as additional insured?
- d. Total cost: _____

14. Are Participants required to sign waivers? (please provide a copy)

15. What types of precautionary measures do you have in case a medical emergency takes place?

16. Do you use any mobile equipment (i.e. ATVs, Golf Carts, Snowmobiles, Bobcats, Tractors, etc.)?

17. Do you serve alcohol?

- a. Who is providing the liquor liability?
- b. Do you allow others to serve alcohol?
- c. Do you need liquor liability coverage?

PICK YOUR OWN OPERATIONS

1. List Items you offer for You-Pick operations:

2. Are Items grown at Location listed above?

3. Do you offer pumpkin farm visits and sales?

a. Are pumpkins grown at location listed above?

4. Do you offer Christmas Trees for sale?

a. Are Trees grown and sold at location listed above?

b. Are customers allowed to cut or trim trees?

If yes, what types of tools are provided? _____

c. Do you load trees in customer vehicles?

PETTING ZOO

1. List each animal and the number of each: _____

2. What is the handler's experience? _____

3. Is each animal examined by a veterinarian every year?

4. Do you have emergency equipment and procedures on site for an animal bite?

5. Is there a safety precaution sign at entrance?

6. Is the animal area fenced in?

7. Do you allow visitors to feed the animals?

8. Do you have a hand sanitizing station with sign that requires people to wash hands after contact with the animals?

INFLATABLES

1. Annual Gross sales for inflatables?

2. Please list all equipment used:

Manufacturer	Type	Age (Years)	Size	Capacity	Height of Side	Walls

3. Other Items Rented (tents, chairs, etc.)? _____

If yes what are gross sales for each? _____

4. Describe any losses or incidents in the past three years: _____

5. Do you require renter to sign the Rental Agreement?(ATTACH COPY)

6. Does the Rental Agreement have a Hold Harmless Clause?
7. Do you set up the equipment?
8. Is the equipment tethered or secured?
9. Is supervision provided during rental use?
10. Are the rules and capacity limitations clearly posted on the equipment?
11. Are the age and height requirements clearly posted?
12. Is the equipment inspected after each use?
 - a. If yes, are inspection records maintained?
 - b. If yes, are time period inspection records kept?
13. Please attach the following to this questionnaire:
 - a. Copy of Rental Agreement
 - b. Loss information from current insurance carrier

ZIP LINE

1. What is the maximum zip line height at your facility?

2. How many zip lines does the tour consist of and what is the length of each? _____

3. How long does the ride last? _____
4. What is the max speed of the fastest zip line? _____ mph
5. Do you own or lease the zip line? _____
 - a. If lease, describe the arrangement: _____
6. Who originally built your course?
 - a. Were certificates of insurance obtained?
7. Was the course built to ACCT or ANSI/PRCA standards?
 - a. If neither, whose standards were followed? _____
8. Have you made any additions to the course since its original construction?
 - a. If yes, list date added, element name and construction vendor: _____

9. Date of last course inspection by professional firm (Month/Year/Name of firm): _____

10. Have you made the recommended improvements on the course since the last professional inspection?
11. How often is the course inspected?
 - a. Monthly Quarterly Bi-annually Annually Other: _____
12. Describe the maintenance program for the zip lines and all safety equipment? _____

13. How many cycles per zip line before you retire and replace the line? _____
14. What type of breaking system is used? Active or Passive
15. Do you maintain a written log documenting inspections of the lines and related equipment?
16. Do you have padding on your platforms or trees/poles?
17. Do you provide any services after dark, including but not limited to, night zip lining and overnight camping functions?
If yes, describe: _____
18. Is the entire course ever rented to outside groups or individuals?

19. Are all participants required to wear gloves and helmets?
20. Are Participants harnessed prior to advancing to the top of the zip line platform?
21. Percentage of participants under 18 years old? _____ Over 18 years old? _____
22. Minimum age? _____ Maximum age? _____
23. Minimum Weight? _____ Minimum Weight? _____

WEDDINGS

1. Do you host weddings on your premises?
 - a. How many?
 - b. Max Number of Guests?

PROPERTY INSURANCE

1. Do you need Building or Content Coverage?

Building Description (Age, Construction, updates, etc.)	Building Limit	Content Limit

2. Do you need Equipment Coverage?
 - a. If Yes please provide an itemized list including year, make, model, and value of equipment
3. What is your current deductible? _____

UMBRELLA

1. Do you need a commercial Umbrella?
2. What limit? (1 million, 2 million, 3, million, 4 million, 5 million, etc.) _____

WORKERS COMPENSATION

1. Do you need workers compensation?
2. Please describe the type of work performed by employees? _____

3. Annual payroll for employees?



COMMERCIAL AUTO

1. Does the business own any automobiles titled in the business name?
2. Is insurance needed for owned vehicles?

Year	Vehicle Make	Vehicle Model	VIN Number

3. Deductible?
4. Do any employees, owners, or officers, driver personally owned vehicles in the course of their work?

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

Applicants Signature

Date

Agents Signature

Have Questions? Contact Patrick Schatz: 847-356-1520 x117 pschatz@schatzins.com Fax: 847-356-5055
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