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FLYER
SUPPLEMENTAL
APPLICATION

NOTE: It is critical that Evolution Insurance Brokers have a clear understanding of your operation. A quote will not be issued in regards to operations not listed on the application.

General Information

Proposed Effective Date: _____

Applicant's Legal Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number:() _____ Fax:() _____

Is this a new business? [] Yes [] No If no, how many years have you been in business? _____

Please list Principal(s) and Owner(s): _____

Operation Location(s): _____

Employee

1. Requirements for Crew that assist with Launching and Retrieval of customers:

Minimum/Max age: _____ Minimum experience needed: _____

Certificates needed: _____

Is each crew member CPR Certified? [] Yes [] No

If not, will they become CPR Certified? [] Yes [] No

2. Do you provide on the job training? [] Yes [] No

If yes, please provide an outline of the curricula and length of training: _____

Operations

3. What type of parasail operation(s)?

Winch _____, Platform _____, Off the Beach _____, Other (please explain) _____

4. Please check all that apply: Singles _____, Tandems _____, Triples _____, Dipping _____

What is the maximum number of people you fly tandem? _____

What % of Flights are Double: _____; Triple: _____

5. Participant Age Min: _____ Max: _____ Part Weight (lbs) Min: _____ Max: _____

Please check all rides that apply: 600ft _____, 800ft _____, 1000ft _____, 1200ft _____, other _____

6. Please list any other locations: _____

7. Navigational Area: Lake _____, River _____, Ocean _____, Other: _____

8. Please list any additional activities, operations, equipment and exposures: _____

Equipment

9. When did you last replace your: Tow Rope _____ Harnesses _____ Clips _____
Sails _____ Other _____
10. How often are inspections of the equipment (daily, per use, etc.): _____
11. Please provide name and contact number for the person doing the inspections: _____

12. What is the maximum shoot size you fly? _____
13. What type of rope do you fly? Single Double Braid
Tow Line Length (ft.): _____ Tow Line Diameter: _____ Tensile Strength? (lbs.) _____
14. Do you have a maintenance log: Yes _____ No _____
How often is the Tow Line Trimmed? _____ Tow line changed? _____
Winch Block inspected? _____ Harnesses inspected? _____
Wind Speed You Stop Operations: _____
15. Please describe in detail your maintenance procedures for parasail equipment (use an additional page to complete): _____

16. Please describe in detail your maintenance procedures for the boat(s) including the Winch: (use an additional page to complete): _____

17. Please describe the procedure for medical emergencies (use an additional page to complete and attach a copy of written procedure with application): _____

Boat

18. What is your shore direction? _____
19. What prevailing wind direction? _____
20. Is your boat equipped with a satellite weather tracking system? Yes No
21. Please describe in detail how you monitor weather conditions daily? (use an additional page to complete): _____

22. How do you determine if the weather is compatible with parasailing? (use an additional page to complete): _____

23. Please provide an outline of what measurements for:
a. Fly (acceptable weather): _____

b. Postpone operations: _____

c. Close operations: _____

24. What are your hours of operation? _____

25. Please provide the number of times a shoot deploys annually: _____

26. Please provide annual guest days:

	Annual # of Guests/Participants	X	Number of Days each person participated	=	Total User Days
Parasailing					

27. Additional business exposures owned and operated by the insured: _____

You must submit the following materials with this application:

- a. Vessel schedule
- b. All brochures and promotional materials
- c. A copy of the release and acknowledgment of risk form that guests will read and sign
- d. A copy of a vessel survey, made within 12 months of the application, by a SAMS or NAMS certified marine surveyor. Please list any changes to the reports you have done since the report date.
- e. Inspections done on equipment- Tow ropes, harnesses, clips, etc.
- f. Resumes on all key personnel including captains
- g. A copy of procedures manual and/or a detailed description of operations from the time the participant **arrives** until the participant **departs**.

Industry References

28. Name: _____

Business: _____ Operation Name: _____

Business Number: _____ Email: _____

Name: _____

Business: _____ Operation Name: _____

Business Number: _____ Email: _____

CAPTAIN/OPERATOR * PLEASE COMPLETE ONE FOR EACH*

Operator/Captain's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Total years of boating experience: _____ Captain's license issued: _____

2. Total number of flights (launches/retrievals) have you completed: _____

3. In the past 5 years have you been involved with a major accident or violation?*

	YES	NO
Using a Vehicle		
Using a Boat		

*If yes, please explain the circumstances and outcome (**MVRS will be checked**): _____

4. Please list all licenses, boating courses, boating education classes, boating safety courses etc. for which you can produce a certificate (include dates completed and any refresher courses): _____

5. Have you ever been:

a. Cited for violating civil or military flight restrictions? Yes No

b. Convicted of entered into a plea in abeyance to a felony? Yes No

c. Arrested for driving under the influence of drugs or alcohol? Yes No

6. List the waters or areas you have navigated (Atlantic, Great Lakes, Pacific, Mexico, etc.): _____

7. Prior boats you have OPERATED: **COMPLETE ALL BOXES**

Year of vessel	Manufacturer Make & Model & Length	Speed MPH	Dates Operated		Owned by you? Yes/No
			From MMYY	To MMYY	

8. List ALL marine insurance claims and/or prior marine loss history insured or not-insured in past 5 years or are you aware of any incident, accident or event that may give rise to a claim? Attach page if insufficient space to explain. **If no losses past 5 years, insured or not insured or potential claims pending write "NONE"**

COMMERCIAL MARINE VESSEL SCHEDULE

***Indicate ACV (actual cash value) only if you desire hull/physical damage for the vessel**

***If a large fleet – please provide in Excel format**

UNIT	YEAR	MAKE AND MODEL	LENGTH	HULL ID # (12 DIGITS)	ENGINE YEAR/MAKE	TOTAL HP	MAX SPEED	USE/ACTIVITIES CONDUCTED	*ACV VALUE

LIEN HOLDER NAME & ADDRESS	UNITS OF INTEREST	LIEN HOLDER NAME & ADDRESS	UNITS OF INTEREST

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine

if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.

4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name