



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854
quotes@primeis.com

ZIP LINE APPLICATION

The requirements laid out below must be met before a quote will be provided.

1. As a minimum, the zip lines (zip line canopy tours, single zips, mega zips and zip lines parks will simply be referred to as zip lines) must meet the standards of the Association for Challenge Course Technology (ACCT). Yes No
2. An ACCT vendor member or design-builder with equivalent experience must be the installer or be consulted on the installation. Yes No
3. In the event that the zip line design does not meet the ACCT standards, an engineers must be involved in the design, proof must be shown if requested by insurer. Yes No
4. Part of the zip experience must be accessible to people of all abilities. Yes No
5. A full body harness must be used in the zip lines experience. Yes No
6. Two independent points of contact into the zip cable and two independent attachment points onto the harness are required. Yes No
7. Guide Training must include training:
 - a. on how to use the equipment;
 - b. How to conduct rescues;
 - c. Familiarity with the personalities of each zip line;
 - d. Commands, etc.;

Each guide must successfully complete the training, a written test and a practical test. Training must be conducted by an experienced ACCT trainer or someone with equivalent experience.

ALL new guides must apprentice on a minimum of thirty (30) tours as an observer

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

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

Physical Address of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer No.: _____ Producer's Name: _____

Producer's E-mail: _____

Detailed description of business activities (specifically, and by location): _____

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

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Completed Claims and Loss History form attached (REQUIRED)? Yes No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Limit of Liability - Professional Liability Coverage:

Per Act/Aggregate		OR	Per Person/Per Act/Aggregate	
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000	
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000	
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000	
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000	
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

3. Business Activities

1. Person providing accounting and tax services:

a. Name: _____

b. Address: _____

2. List all activities taking place, and the annual number of students:

ACTIVIY	NUMBER OF STUDENTS
<input type="checkbox"/> Martial Arts	
<input type="checkbox"/> Weight Training	
<input type="checkbox"/> Aerobics	
<input type="checkbox"/> Other: _____	

3. Please include any information that adequately describes your premises, such as photos, brochures, and a diagram of the premises.

4. With regard to the premises where activities take place, Applicant is:

Owner Tenant --provide name & address of owner: _____

Other (explain): _____

5. Is the studio practice area secured from use by any other persons than instructors or trainees under supervision during regular operating hours? Yes No

6. Number of square feet: _____

7. What is the name and style of martial art taught at your facility? _____

8. Which type of contact is allowed or taught? Full contact Light contact Touch contact

No Contact (describe): _____

9. Do you do weapons training? Yes No

If yes, please describe: _____

10. Do you hold tournaments or competitions? Yes No

If yes, are they: Students only Club members only Open competition

Other _____

NOTE: Competitions held at other facilities with your regular students are covered. Competitions held at your facility can be included if you obtain a certificate of Additional Insured from the visiting program naming you as Additional Insured. If that is not obtainable, each competition can be scheduled and added for a fee.

11. Do you conduct off-premises activities? Yes No

If yes, please indicate: Competitions/tournaments Testing Demonstrations/Instruction

Other: _____

12. What are your requirements or belt levels for free sparring? _____

13. How much training is required prior to free sparring? 2-4 months 4-6 months 6 months or more

14. Describe all protective safety equipment worn by students while sparring: _____

15. What is the average number of students who undergo advancement testing each month? _____
16. How many students undergo advancement testing annually: _____
17. Are all students warned as they progress through the various skills, of the inherent risks involved in participating and of the rules of participation? Yes No
18. Do you obtain medical information on participants prior to participation? Yes No
19. Do you have a medical emergency plan and procedures? Yes No
20. Are your instructors certified by a nationally accredited and recognized martial arts program?
If yes, please tell us: Yes No
- a. Name of Program: _____
- b. Phone: (____) _____
- c. Address: _____
- d. What are instructor requirements for certification? _____
21. Is continuing education and training required for instructors? Yes No
If yes, please describe: _____
22. What are the objectives and goals of your school? _____
23. Minimum age of instructors, supervisors, instructors, managers, or employees: _____
24. Number of students annually: Beginners: _____ Advanced: _____
25. How do you charge your students? Per lesson Monthly Contracts Other: _____
26. Total maximum enrollment last year: _____
27. What are the most people that you could have participating in one day? _____
28. Are students, regardless of talent, required to master each step in a skills progression before advancing to more difficult skills? Yes No
29. Do you keep Performance Chart records or skill sheet equivalent on each trainee? Yes No
30. Do you obtain a liability release form and a consent for medical treatment form from each trainee, or trainee's parents or legal guardian? Yes No
If yes, please attach a copy.
31. What is your student-to-instructor ratio? _____
32. Do guests sign a release form? Yes No
If yes, please attach a copy.
33. Do you control and own all businesses operating on your premises? Yes No
34. Have you obtained certificates of insurance from all Independent Contractors or concessions?
If yes, please enclose copies. Yes No
35. Provide the total gross receipts and breakdown for all activities, operations and services provided annually. Include gross sales, commissions, fees, or other income:

	GROSS RECEIPTS	# PARTICIPANTS ANNUALLY
Tuitions / memberships / fees	\$	\$
Advancement	\$	\$

Competition (home)	\$	\$
Competition (away)	\$	\$
Open Workouts	\$	\$
Clinics	\$	\$
Merchandising (retail)	\$	\$
Other (describe): _____	\$	\$
Total:	\$	

36. List the products that you sell: _____

37. Do you manufacture and/or sell any products under own label? Yes No

If yes, please describe: _____

38. Enclose narratives and/or current resumes of experience and training for all instructors and facility owners.

39. Checklist of items to include with this application:

- Brochure
- Advertising materials
- Liability waiver (if used)
- Operating plan, procedural manual
- Staff manual
- Emergency plan
- Managers resume
- Staff list, including ages and experience
- Certificates of insurance for visiting program to your competition

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