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 quotes@primeis.com

## PARASAILING APPLICATION

Proposed effective date: \_\_\_\_\_ When is the quote needed by?: \_\_\_\_\_

Are you working with an agent/broker?  Yes  No

Producer name: \_\_\_\_\_ Producer phone number: \_\_\_\_\_

Producer e-mail: \_\_\_\_\_

### General Information

Applicant's name: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you have more than one location?  Yes  No

Physical address of business if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Is this a new business?  Yes  No

Date business started: \_\_\_\_\_ Years in business: \_\_\_\_\_

Please list the business owners and decision makers involved in the business:

Name	Role	Contact Number	E-mail Address

Annual payroll: \$ \_\_\_\_\_ Annual gross receipts: \$ \_\_\_\_\_

Does the insured have any contract requirements? (If yes, please attach a copy)  Yes  No

**Insurance History**

Why is the insured seeking new coverage?: \_\_\_\_\_

What is the target premium?: \_\_\_\_\_

Is the current insurance carrier offering a renewal quote?  Yes  No

If yes, please provide the premium offered: \_\_\_\_\_ If no, explain: \_\_\_\_\_

Current coverage/company information:

Company name			
Coverage			
Limits			
Annual premium	\$	\$	\$

Provide names for all insurance companies that have provided applicant insurance for the last three years:

Company name			
Expiration date			
Annual premium	\$	\$	\$
Limits			
Coverage type			

Are any other markets offering coverage?  Yes  No

If no, please explain: \_\_\_\_\_

If yes, please provide limits, coverage and premium: \_\_\_\_\_

Has the applicant or any predecessor ever had a claim?  Yes  No

Policy term		Paid claims	Reserved claims	Total incurred claims
From	To			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

**Attach/ upload a five-year loss/claims history, including details (if unable to upload will need detailed summary in order to provide valid indication).**

Are you aware of any incident, event, or occurrence, loss that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss which was not reported to your prior carrier?  Yes  No

If yes, please explain: \_\_\_\_\_

**Desired Insurance**

**Limit of Liability:**

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: _____

**Operations**

What type of parasail operation(s) do you perform?

Winch  Platform  Off the beach  Other: \_\_\_\_\_

Please check all that apply:  Singles  Tandems  Triples  Dipping

What is the maximum number of people you fly tandem? \_\_\_\_\_

Percentage of flights that are double: \_\_\_\_\_ triple: \_\_\_\_\_

Do you transfer any participants to and from the main vessel for parasailing?  Yes  No

If yes, what is your method for transferring participants? \_\_\_\_\_

\_\_\_\_\_

If yes, what safety protocols do you have in place? \_\_\_\_\_

\_\_\_\_\_

Participant age: Min: \_\_\_\_\_ Max: \_\_\_\_\_ Participant weight (lbs): Min: \_\_\_\_\_ Max: \_\_\_\_\_

Please list all physical locations: \_\_\_\_\_

\_\_\_\_\_

Navigational area:  Lake  River  Ocean  Other: \_\_\_\_\_

Please list any additional activities, operations, equipment and exposures: \_\_\_\_\_

\_\_\_\_\_

Is your boat equipped with a satellite weather tracking system?  Yes  No

Please describe in detail how you monitor weather conditions daily (use an additional page to complete): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you determine if the weather is compatible with parasailing (use an additional page to complete)? \_\_\_\_\_

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

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Please provide an outline of what measurements for:

Fly (acceptable weather): \_\_\_\_\_

Postpone operations: \_\_\_\_\_

Close operations: \_\_\_\_\_

What wind speed do you cease your operations at: \_\_\_\_\_

What are your hours of operation? \_\_\_\_\_

Please provide annual gross receipts: \_\_\_\_\_

Please provide annual guest days:

	Annual # of guests/participants	X	Number of days each person participated	=	Total user days
Parasailing					

Do you allow spectators on the boat that are non-flyers? If yes, how many annually participate: \_\_\_\_\_

Additional business exposures owned and operated by the insured: \_\_\_\_\_

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**You must submit the following materials with this application:**

- a. Vessel schedule;
- b. All brochures and promotional materials;
- c. Date stamped photos taken within the past 30 days of the vessel, motor room, winch system (including line), and of other parasail equipment;
- d. A copy of the vessel's Certificate of Inspection by the United States Coast Guard, if applicable, or a copy of an inspection conducted by a licensed third-party company made within the past year;
- e. Inspections done on equipment (tow ropes, harnesses, clips, etc.);
- f. Copy of Captains License
- g. Resumes for all key personnel including captains;
- h. A copy of your procedure's manual and/or a detailed description of operations from the time the participant **arrives** until the participant **departs**.

**Employee**

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 no, will they become CPR certified?  Yes  No

Are all captains OUPV (Six Pack) or master licensed?  Yes  No

Do you provide on the job training?  Yes  No

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

**Equipment**

When did you last replace your: Tow rope: \_\_\_\_\_ Harnesses: \_\_\_\_\_ Clips: \_\_\_\_\_

Sails: \_\_\_\_\_ Other: \_\_\_\_\_

How often do you inspect the equipment (daily, per use, etc.)? \_\_\_\_\_

Please provide name and contact number for the person performing the inspections: \_\_\_\_\_

What is the maximum chute size you fly? \_\_\_\_\_

What type of rope do you fly?  Single  Double braid

Tow line length (ft): \_\_\_\_\_ Tow line diameter: \_\_\_\_\_ Tensile strength (lbs): \_\_\_\_\_

What is the maximum length of tow rope you will allow out on the towline? \_\_\_\_\_

What is the maximum height/vertical feet do you allow a parasail to fly? \_\_\_\_\_

Do you have a maintenance log:  Yes  No

How often is the tow line trimmed? \_\_\_\_\_ How often is the tow line changed? \_\_\_\_\_

How often is the winch block inspected? \_\_\_\_\_ How often are the harnesses inspected? \_\_\_\_\_

Is there a five-minute or more scuba breathing system on vessel?  Yes  No

Please describe in detail your maintenance procedures for parasail equipment (use an additional page to complete): \_\_\_\_\_

Please describe in detail your maintenance procedures for the boat(s) including the winch (use an additional page to complete): \_\_\_\_\_

**Industry References**

1. Name: \_\_\_\_\_

Business: \_\_\_\_\_ Operation name: \_\_\_\_\_

Business number: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_

Business: \_\_\_\_\_ Operation name: \_\_\_\_\_

Business number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CAPTAIN/OPERATOR  
(PLEASE COMPLETE ONE FOR EACH)**

Operator/Captain's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total years of boating experience: \_\_\_\_\_ Captain's license issued: \_\_\_\_\_

Total number of flights (launches/retrievals) you have completed: \_\_\_\_\_

In the past five (5) years have you been involved with a major accident or violation?

Using a vehicle?  Yes  No

Using a boat?  Yes  No

If yes to either, please explain the circumstances and outcome (**MVRS will be checked**): \_\_\_\_\_

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): \_\_\_\_\_

**(Required: Include a five-year captains marine casualty report)**

Have you ever been:

Cited for violating civil or military flight restrictions?  Yes  No

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

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

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

Prior boats you have OPERATED (**COMPLETE ALL BOXES**):

Year of vessel	Manufacturer make, model & length	Speed (MPH)	Dates of operation		Owned by you? (Yes/No)
			From MM/YY	To MM/YY	

List ALL marine insurance claims and/or prior marine loss history, whether insured or not, in the past 5 years (if no losses within the past five (5) years, please write "N/A" or "none"): \_\_\_\_\_

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Are you aware of any incident, accident or event that may give rise to a claim?  Yes  No  
If yes, please explain below and/or attach a separate page if the space below is insufficient.

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**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