



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

## ZIPLINE APPLICATION

### 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: \_\_\_\_\_

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## 2. 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: _____

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

## 3. Business Activities

### Park Details

1. Please include any information that adequately describes your premises, such as photos, brochures, and a diagram of the premises.
2. Please check which type of ziplines and other activities are at your park:  
 zipline canopy tours  single ziplines  mega ziplines  ninja course  Ropes Course  
 Obstacle course  other: \_\_\_\_\_
3. How many ziplines do you have? \_\_\_\_\_
4. What is the maximum height of the zipline or any platforms? \_\_\_\_\_
5. What is the maximum speed a participant can achieve on the ziplines? \_\_\_\_\_
6. How many people can be on a platform at any given time? \_\_\_\_\_
7. What is the ratio of guide to participant? \_\_\_\_\_

8. 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
Ziplining	\$	
Obstacle Course, Ropes Course	\$	
Ninja Course	\$	
Food:	\$	
Merchandising (retail)	\$	
Other (describe): _____	\$	
<b>Total:</b>	<b>\$</b>	

9. List the products that you sell: \_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

### Safety

11. Is the zipline free of any obstacles such as trees, buildings, etc.  Yes  No

12. Is there a guide or attendant located on each platform?  Yes  No

13. Do all platforms have safety railings or proper safety cables?  Yes  No

14. What type of clothing is required to participate? \_\_\_\_\_

15. Do all participants wear helmets?  Yes  No

16. Do all participants wear gloves or hand protection?  Yes  No

17. A full body harness must be used in the zip lines experience. Please provide details on the harness used: \_\_\_\_\_

18. Please list the types of trolley, pulley & carabiner used \_\_\_\_\_

19. What type of braking system is used? \_\_\_\_\_

a. Is there a secondary or backup braking system?  Yes  No If, yes \_\_\_\_\_

20. Two independent points of contact into the zip cable and two independent attachment points onto the harness are required. Do you comply?  Yes  No

21. Guide Training must include training on how to use the equipment; how to conduct rescues; familiarity with the personalities of each zip line; 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.

Please outline your guide requirements and training of any guides: \_\_\_\_\_  
\_\_\_\_\_

**All new guides must apprentice on a minimum of thirty (30) tours as an observer prior to being guide.**

22. What is your emergency plan (**Please provide a copy**): \_\_\_\_\_  
\_\_\_\_\_

**Construction - Maintenance**

23. Are the ziplines operated sold and installed for commercial use?  Yes  No

24. Do you comply with American National Standards Institute (ANSI) ASTM for ziplines?  Yes  No

25. Do you comply with Association for Challenge Course Technology (ACCT) standards?  Yes  No

26. An ACCT vendor member or design-builder with equivalent experience must be the installer or be consulted on the installation. Please provide information on installer: \_\_\_\_\_

27. Have any ziplines been installed by the Named Insured?  Yes  No

a. If yes, what certifications or qualifications do they have to install? \_\_\_\_\_

28. If the zip line design does not meet the ACCT standards, an engineer must be involved in the design, proof must be shown if requested by insurer. Has an engineer approved the design of the zipline park?  Yes  No

a. If yes, provide engineer information: \_\_\_\_\_

29. How often are the ziplines inspected? Please provide details: \_\_\_\_\_

30. Part of the zip experience must be accessible to people of all abilities. Do you comply?  Yes  No

**Please attach any additional helpful information.**

**\*\*Supplemental questions and a discussion call with the insured will be required for formal terms\*\***

## **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