

☐ **Scottsdale Insurance Company**
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

ZOO LIABILITY SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD Application)

Applicant's Name: _____ _____ Location Address: _____ _____	Agency Name: _____ _____ Agent No.: _____ Phone No.: _____
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PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

APPLICANT PREMISES OPERATIONS INFORMATION

1. **Type of Institution:** ☐ Aquarium ☐ Petting Zoo ☐ Wildlife Park ☐ Zoological Park
 ☐ For-Profit ☐ Non-Profit ☐ Other—Describe: _____

2. **Average Daily Attendance:**
Maximum Daily Attendance:
Total Annual Attendance:

3. **Hours of Operations:** In-Season: _____ to _____ Off-Season: _____ to _____
 Describe off-season activities or promotions: _____

4. **Total Acres:**

5. **Revenues:**

Admission Charge	\$	Membership/Contributions/etc.	\$
Alcoholic Beverages	\$	Souvenir/Gift Shop Receipts	\$
Food/Beverage	\$	Stroller Rentals	\$
Horse Drawn or Motorized Rides	\$	Trail Rides	\$
Pumpkin Patch, Corn Maze	\$	Wheelchair Rentals	\$
Ponies, Elephants, Camels or Other Zoo Animals Rides	\$	Other—Explain:	\$
Total Annual Revenue from all Sources			\$

6. **Is the institution accredited by the AZA (Association of Zoos and Aquariums)?** ☐ Yes ☐ No

7. **Who staffs the applicant's first aid station?** ☐ Doctor ☐ Nurse ☐ Other—Explain: _____

8. Number of employees:

Full-time:

Part-time:

Volunteers:

Explain volunteers' responsibilities:

Do volunteers sign waivers of liability? ☐ Yes ☐ No

9. Check all that apply:

☐ **Amusement Devices**

Describe:

☐ **Audience participation or photos with animals**

Describe:

☐ **Animal Rides**

Describe:

☐ **Breeding Loan Activities**

Describe:

☐ **Breeding Facility**

Describe:

☐ **Children's Day Camp**

Describe:

☐ **Children's Overnight Camp**

Describe:

☐ **Demonstrations**

Describe:

☐ **Educational Programs**

Describe:

☐ **Fireworks Display**

Describe:

☐ **Fundraisers**

Describe:

☐ **Lake(s)/Pond(s)/Stream(s)**

Describe:

☐ **Loan animals to travelling circuses** ☐ With Operator ☐ Without Operator

Describe:

☐ **Petting Zoo Area**

Describe:

Does applicant have a handwashing station at the exit of the petting zoo? ☐ Yes ☐ No

Is a staff member/attendant present? ☐ Yes ☐ No

Does applicant exhibit pythons or boa constrictors? ☐ Yes ☐ No

If yes, are they caged? ☐ Yes ☐ No

Does applicant ever exhibit animals off-premises? ☐ Yes ☐ No

If yes, describe situations and explain means of transporting animals:

Animal Type	Number	Animal Type	Number	Animal Type	Number

- ☐ **Renting space to outside vendors for special events or fundraisers?** ☐ Yes ☐ No
Does applicant obtain certificates of insurance? ☐ Yes ☐ No
Is applicant listed as additional insured on vendors policy? ☐ Yes ☐ No

☐ **School Presentations**

Describe: _____

☐ **Special Events/Activities/Attractions**

Describe: _____

☐ **Tours of Premises**

Describe: _____

☐ **Tram/Monorail/Train(s)**

Describe: _____

☐ **Watercraft**

Describe: _____

☐ **Wildlife Exhibitions**

Describe: _____

10. Describe after-hours and off-season security plans: _____

11. Does applicant keep firearms on the premises in case of an animal escape? ☐ Yes ☐ No

Are firearms locked in cabinets accessible only to key personnel? ☐ Yes ☐ No

Are tranquilizer guns or dart guns loaned or taken off-premises at any time? ☐ Yes ☐ No

If yes, describe: _____

12. Are the applicant's security guards licensed/trained to use a firearm? ☐ Yes ☐ No

Are background checks done on all security guards? ☐ Yes ☐ No

If no, explain: _____

13. Are guard dogs used? ☐ Yes ☐ No

Number of guard dogs:

14. Describe enclosure system for all habitats, including separation distance between animals and public: _____

15. Have there been any breaches of enclosure systems within the past five years? ☐ Yes ☐ No

If yes, explain: _____

16. Explain the procedures for animal waste removal and treatment: _____
17. If applicant operates a "safari park," are convertibles or soft-top vehicles prohibited from entering the park? ☐ Yes ☐ No
Are closed-circuit television cameras stationed throughout each habitat's perimeter to monitor visitors? ☐ Yes ☐ No
Explain what procedures are in place if visitor's car breaks down: _____
18. Is applicant in compliance with federal and state regulations for the ownership and transfer of exotic animals? ☐ Yes ☐ No
If no, explain: _____
19. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ☐ Yes ☐ No
If yes, describe: _____
20. Does applicant have any other business ventures for which coverage is not requested? ☐ Yes ☐ No
If yes, explain and advise where insured: _____
21. Does applicant have the following? If yes, attach copy.
- | | |
|--------------------------------------------------------------------------------|----------------------------------------------------------|
| Animal loan agreement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Animal recapture plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Brochures? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Institution map/diagram? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Institution schedule, including special events, promotions, exhibitions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Liquor license (if alcoholic beverages are sold)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| USDA Registered Exhibitor License? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Venomous Animal Injury Plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

Refer to Application form for State Fraud Warnings.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.