

ZIPLINE SUPPLEMENTAL APPLICATION

- 1) Name Insured (applicant): _____
- 2) Estimated Gross Receipts \$ _____
- 3) Estimated Number of riders in a calendar year? _____
- 4) Mobile or permanent location? _____
 If mobile, list States Operating in: _____
 If permanent location provide location address: _____
- 5) Do you provide any other services or have other rides? _____ If yes, please describe _____

- 6) Do you require all participants to sign a waiver? _____ If No, Explain _____

 _____ **(Please provide a copy of your waiver)**
 Who signs waivers on behalf of participants under age 18? _____

- 7) Do you have a minimum and maximum height & weight requirement? _____ Please describe:

 Do you have different size harnesses for different size riders? _____ Please Explain _____

- 8) Description of Ziplines in Operation:

Line # /Name	Year, Make Model Serial#	Top Platform Height	Length	End Platform Height	Built on Hill Hill/stilts	#Attendants Top / Bottom
_____	_____	_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____	_____	_____/____
- 9) Were the zipline(s) built to ASTM standards? _____ If No, what standards were followed? _____
- 10) Please provide a diagram of zipline operation including fencing. Describe fences for mobile & permanent locations. **(please attach on separate page)**
- 11) How often are inspections performed? _____
 - a. Describe Inspection Procedure _____

 - b. Do you maintain a written log documenting inspections? _____
- 12) How many cycles per zipline before you replace the line? _____
- 13) Describe Braking System _____
 - a. Does zipline require participants to hand brake? ____ Yes ____ No (If yes, not eligible for coverage)
 - b. If no, what method is used to stop the participant? _____

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- 14) Is fencing erected along the entire path of the zipline (both sides) to prevent participants and others from going under the path of the zipline? _____ If no Explain _____

- 15) If mobile zip line, please describe anchoring system: _____

- 16) If vehicle is used in anchoring – describe safety procedures to disable vehicle: _____

- 17) Describe procedure for harnessing clients: _____

- 18) How many staff members are required to operate the zipline? _____
- a. Describe their job duties & location (in reference to their physical position related to the ride)

 - b. Describe staff training and certifications _____

 - c. Are background checks conducted on employees? _____ Explain _____

- 19) Describe emergency plan if patron is stranded on the zipline _____

- 20) Describe procedures for inclement or sudden changes in weather conditions: _____

- 21) Have you experienced any claims during the last 5 years? ___ Yes ___ No. **(loss run required)**
If Yes, please provide specific details on any claim (paid or reserved): _____

- 22) Has any insurance carrier cancelled or refused coverage? ___ Yes ___ No If Yes, explain: _____

Applicant's Name: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent Signature: _____ Date: _____

(Acord 125 & 126 Required with this Application)