



Applicant Name:

Mailing Address:

Location Address:

Contact: Contact Email:

Contact Phone: Website:

General Information

- Years in business: years Years of experience in the industry: years
- States where the applicant operates:
- Does the applicant currently have liability insurance? ☐ Yes ☐ No
If yes, please list carrier:
Current premium: \$
- Has the applicant had any losses in the last five years? ☐ Yes ☐ No *Please include loss runs*
- Does the applicant own any buildings? ☐ Yes ☐ No

Risk Information

- When was the course built:
- Who built the course:
- Total number of ziplines:
- Max speed of the fastest zipline:
- Length of each zipline:
- Height of each zipline:
- Describe the terrain below the zipline course:
- Are daily inspections completed and inspection logs maintained? ☐ Yes ☐ No
- How often is the course professionally inspected?
☐ Quarterly ☐ Bi-Annually ☐ Annually ☐ Other:
- Are platforms and landing areas padded? ☐ Yes ☐ No
- Are emergency procedures in place for injury and inclement weather? ☐ Yes ☐ No
- Are guests required to sign a waiver of liability? ☐ Yes ☐ No *If yes, attach a copy*
- Does the applicant have an accident policy in place? ☐ Yes ☐ No *If yes, attach a copy of the dec page*
- Are helmets and gloves required for all riders? ☐ Yes ☐ No

15. Are height, weight, and age restrictions in place? ☐ Yes ☐ No

If yes, explain:

16. Are guests harnessed prior to ascending the course? ☐ Yes ☐ No

If yes, who applies the harness/verifies proper usage?

17. Does the applicant have a formal safety training program? ☐ Yes ☐ No

18. Does the applicant have a formal loss control program? ☐ Yes ☐ No

19. Is the course ever rented out? ☐ Yes ☐ No

20. Does the applicant offer ziplining after dark? ☐ Yes ☐ No

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. (Not applicable in MN, NY, OR, or WA)

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Insured's Signature:

Date:

Agents's Signature:

Date:

PRINT

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

Western National Insurance Group

Central Region

4700 West 77th Street, Edina, MN, 55435

Western Region

9706 4th Ave NE, Suite 200 Seattle, WA 98115

www.wnins.com

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Anchorage AK 99503

www.umialik.com

Michigan Millers Insurance

2425 E. Grand River Avenue, Lansing, MI 48912

Specialty Insurance Solutions

1600 Aspen Commons Ste 520, Middleton, WI 53562

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