

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

WATER PARK/SLIDE SUPPLEMENT

Applicant's Business Name: _____

Mailing Address: _____

City: _____ State: _____ County: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

Website: _____

Policy Period Requested From: _____ to _____

Limit Requested: _____ Deductible Requested: \$ _____ Per Claim (BI & PD Combined)

Please include the following: Photos Brochures

General Information:

How long in business?: _____ Annual attendance: _____

Do you have Automated External Defibrillator (AED) Yes No

If yes, what type of training and testing is required of employees/authorized users? _____

Do you have a paramedic, doctor, EMT or registered nurse on duty during park hours? Yes No

Is any alcohol sold or allowed on the premises? Yes No

Gate Receipts: \$ _____
Parking Receipts: \$ _____
Food/Beverage Receipts: \$ _____
Beer/Liquor Receipts: \$ _____
All other receipts: \$ _____

Any water craft, docks, floats owned, hired or leased? Yes No
Any Parking facilities owned/rented? Yes No
If yes how many? _____ Capacity: _____ Surface: _____
Sporting or social events sponsored? Yes No
Any structural alterations contemplated? Yes No

of Lifeguards: _____
Lifeguards trained and certified by Ellis & Associates American Red Cross Other: _____

Employees licensed or certified by the State? Yes No

If so, please provide names and type of license, i.e., MD LMT EMT.: _____

If medical is sub-contracted, do you require Proof of Professional Liability Insurance? Yes No
Are written contracts entered into? Yes No

Remarks: _____

Schedule of Exposure

I. Slides

Type	Name	# of Flumes	Kind of Finish	Lgth	Width	Built on Hill/Stilts	# attendants top/bottom
_____	_____	_____	_____	_____	_____	_____	/
_____	_____	_____	_____	_____	_____	_____	/
_____	_____	_____	_____	_____	_____	_____	/
_____	_____	_____	_____	_____	_____	_____	/
_____	_____	_____	_____	_____	_____	_____	/
_____	_____	_____	_____	_____	_____	_____	/

II. Landing Areas

Type of area			Water Level of Landing Area				
Pool	Lake	Other	Depth	Area	Above end of Flume	Even with end of Flume	Below end of Flume
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____

III. Other Attractions

Include all other water attractions i.e., wave pools, kiddie pools, swimming pools, diving, diving boards as well as non water attractions i.e., play areas, picnic areas, etc.

Description	Manufacturer	Serial Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use the following space for any additional information regarding the operation of your business or to list additional attractions for which there was not adequate space above. For mechanical devices, please attach Amusement park Supplement.

Additional Interests/Certificate Recipients

Name and Address	Interest
_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become a part of the policy and any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date Signed

Signature of Agent

Date Signed