

Covers zip line tours, canopy tours, aerial adventure (ropes) courses, challenge courses, climbing towers, and free-fall or quick-jump devices. Complete with ACORD 125/126. Attach the most recent annual inspection report, the design or installation certification, the operations manual, and the participant waiver.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA / PARK NAME	FEIN	YEARS IN BUSINESS
PARK ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Nonprofit / camp

PRIMARY CONTACT / TITLE	PHONE	EMAIL

STATE AMUSEMENT RIDE PERMIT NO. (IF ANY)	REGULATING AGENCY

2 OPERATIONS

DESCRIPTION OF OPERATIONS (COURSES AND LINES, GUIDED VS. SELF-GUIDED, SEASON, TYPICAL GROUPS)

Elements operated (check all that apply):

- ☐ Zip line tour (guided) ☐ Canopy tour ☐ Aerial adventure / ropes course (self-guided) ☐ Kids course ☐ Challenge / team-building course
☐ Climbing wall or tower ☐ Free-fall / quick-jump device ☐ Giant swing

LINE / COURSE	LONGEST SPAN (FT)	MAX HEIGHT (FT)	MAX SPEED (MPH)	YEAR BUILT

Volume:

Annual participants Max participants on course at once Minimum age Minimum weight (lb)
 Maximum weight (lb)

2-1 Was the course designed and installed by a builder that is a member of ACCT, PRCA, or an equivalent body? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the course use trees as anchors or supports? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Are other activities offered on site (paintball, ATV, water features, food or alcohol)? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — STANDARDS, INSPECTION & ENGINEERING

ASTM F2959, ANSI/ACCT 03, and ANSI/PRCA are the consensus standards for this class, and several states regulate zip lines as amusement rides with daily and annual inspections.

Standard the course is built and operated to (check all that apply):

- ☐ ASTM F2959 ☐ ANSI/ACCT 03 ☐ ANSI/PRCA ☐ State amusement ride code ☐ None / unknown

3-1	Is the course inspected at least annually by a qualified third-party inspector, with all deficiencies corrected before reopening?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-2	Are documented daily pre-opening inspections performed on cables, braking systems, platforms, and harnesses?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-3	Are harnesses, lanyards, trolleys, and helmets retired according to manufacturer life and inspection criteria, with logs kept?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-4	Does every zip line have a primary braking system plus an emergency arrest or backup brake?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-5	If trees are used as anchors, are they assessed annually by a certified arborist?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-6	Has the course been modified, re-tensioned, or had a cable replaced in the past 3 years, and was it re-certified afterward?	☐ Yes ☐ No
IF YES, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — PARTICIPANT OPERATIONS

National emergency department data show falls cause about three-quarters of zip line injuries and nearly half are fractures; children 9 and younger account for the largest share.

4-1	Does the course use a continuous-belay or smart-lanyard system that prevents a participant from being fully unclipped at height?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-2	Are participants weighed or verified against weight limits, and checked for harness fit by staff before every session?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-3	Does every participant complete a ground school or orientation before going on the course?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-4	Are young children required to be accompanied, or limited to a separate kids course?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-5	Is there a written procedure to stop operations for lightning, high wind, and heat, with a monitoring tool?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-6	Are staff trained and practiced in aerial rescue, with rescue kits staged on the course and drills documented?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-7	Are collisions on zip lines prevented by dispatch rules and radio communication between platforms?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-8	Is a signed waiver required from every participant, with a parent or guardian signing for minors?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-9	In the past 5 years, has any participant fallen, struck a platform or another rider, or been injured during rescue?	☐ Yes ☐ No
IF YES, EXPLAIN		

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF GUIDES / COURSE STAFF	NUMBER OF OTHER EMPLOYEES
PROJECTED ANNUAL GROSS REVENUE (\$, ILLUSTRATIVE)	PRIOR YEAR REVENUE (\$, ILLUSTRATIVE)	MONTHS OPEN PER YEAR
5-1	Do guides hold a current practitioner certification (ACCT or PRCA level) and first-aid/CPR?	☐ Yes ☐ No
IF YES, EXPLAIN		

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years and the most recent inspection report.

CURRENT GL CARRIER	CURRENT GL LIMITS	PARTICIPANT EXCLUSION ON POLICY? (Y/N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

6-2 Has a state regulator issued a citation, shutdown order, or inspection failure in the past 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1 Is there a written operations manual covering staff training, dispatch, weather, rescue, and incident response? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Is the operation accredited by ACCT or audited against a consensus standard by a third party? ☐ Yes ☐ No

IF YES, EXPLAIN

7-3 Is there an emergency action plan coordinated with local EMS, including access routes to remote sections of the course? ☐ Yes ☐ No

IF YES, EXPLAIN

7-4 Are incidents and near-misses logged and reviewed, and reported to the state where required? ☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE