



## GUIDED ZIP LINE & CANOPY TOUR

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

**DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.  
2. Please fill in all the fields with the correct information.  
3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

### POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Umbrella
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Hired & Non-Owned Auto

### Section 1: Insured Information

How did you hear about us?

Named Insured as it is to appear on the policy:

DBA: DOB: FEIN/SS#:

Corporation: ☐ LLC ☐ Partnership ☐ LLP ☐ Individual ☐ Other:

Mailing Address:

Inspection Contact Name: Phone Number:

Website: Email:

Business Location Address #1:

Business Location Address #2:

Description of Operations:

Do you conduct any Operations, Businesses or Activities not to be covered under this application of insurance? ☐ Yes ☐ No

If "yes", please describe:

Effective Date: Expiration Date: Operating Season:

Length of time In Business:

Total Management Experience in this type of Operation:

\*\*\* If a new Venture or Operation, please attach a Resume or a Summary or Qualifications \*\*\*

Limits of Liability Required: Per Occurrence:

Aggregate:

Deductible per Claim: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000



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### Section 2: Additional Insured (As they are to appear on the Policy)

☐ Click Here if None

Name	Address	Relationship to you

Has Your Insurance Ever Been Cancelled or Non-Renewed? ☐ Yes ☐ No

If Yes - Please explain:

### Section 3: Submission Requirements

- ☐ Diagram of the entire operation including every zip line and the length and height of each.
- ☐ Copy of your Latest Zip Line Inspection by an ACCT approved vendor and proof that all deficiencies have been corrected
- ☐ Safety Guidelines and/or Safety Program Manual Provided to Your Staff Members
- ☐ Three Years of Loss Runs from Prior Carriers

### Section 4: Producing Agent Information

Name of Agent:

Phone Number:

Address:

### Section 5: Prior Carrier Information

Name of Company	Policy Dates	Premium	Losses

### Section 6: Revenue Breakdown for all Activities

Total Gross Revenues for all Activities:

**\*\*\*NEW VENTURES MUST PROVIDE THEIR ANTICIPATED / PROJECTED GROSS REVENUES "TBD" OR BLANK IS NOT ACCEPTED.**

Non-Guided Recreational Equipment Rentals	Equipment Age	Gross Revenues	No Exposure
Zip Line Receipts			
Cabins/Camping/Lodging/RV			



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### Section 6: Revenue Breakdown for all Activities (continued)

Non-Guided Recreational Equipment Rentals	Equipment Age	Gross Revenues	No Exposure
Concessions			
Retail Sales of Merchandise			
Restaurant			
Other:			
Other:			
Other:			
Other:			

### Section 7: General Operations Information

1. Are all guests, clients, students required to Sign a Release of Liability Prior to commencing any activities? ☐ Yes ☐ No

2. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? ☐ Yes ☐ No

3. Do you hire sub-contractors, Independent Contractors or concessionaires? ☐ Yes ☐ No

If "yes" – Please describe:

If "yes" – Do you obtain Proof of Insurance with AI status from them? ☐ Yes ☐ No

4. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? ☐ Yes ☐ No

5. Do you provide any type of transportation to or from a location? ☐ Yes ☐ No

If "yes", please describe & If a river provide the Class of the River:

6. Do you inspect each piece of equipment daily and make repairs immediately? ☐ Yes ☐ No

7. Do you keep a log of all inspections and repairs including the date and type of repair? ☐ Yes ☐ No

8. Do you maintain and retire the equipment per manufacturer's recommendations? ☐ Yes ☐ No

9. Do you provide any instruction or classes? ☐ Yes ☐ No

If "yes" Please describe

10. Total number of employees/workers/volunteers:

11. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety? ☐ Yes ☐ No



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### Section 8: Zip Line/Canopy Tour Operations

1. Do you operate from Owned or Leased Premises. If leased – please describe the arrangement and attach a copy of the insurance section of the lease agreement.

2. Who originally built your course?

3. Was it built to ACCT ☐ or PRCA ☐ Standards? If neither – Whose Standards were followed?

4. When was the course last Inspected by a Professional Inspection Firm?

5. Who did the Inspection? **\*\*Attach a copy**

6. How Often is the course inspected professionally? ☐ Annually ☐ Quarterly ☐ Monthly  
☐ Other:

7. Are you a member of the ☐ ACCT or ☐ PRCA ? If neither; what organization are you a member of?

8. What guidelines do you follow regarding zip line equipment retirement?

9. Describe the braking system utilized:

If your course utilizes hand braking – please describe in detail the instruction given to participants or attach a written copy of the safety speech:

10. Describe the landing procedures for participants:

Describe the landing area:

11. Are all participants required to wear gloves and helmets? ☐ Yes ☐ No

12. Are all participants harnessed in prior to advancing to the top of the zipline platforms?  
☐ Yes ☐ No

13. Are the harnesses equipped with a “Tamper” proof hookup to ensure the participants cannot unhook the harness? ☐ Yes ☐ No

14. Do you allow other organizations to rent your course and utilize their own facilitators / guides?  
☐ Yes ☐ No

If yes, please explain and attach a copy of the rental agreement

If yes, do you obtain a certificate of Insurance with AI status for your operation with limits equal to or greater than your limits? ☐ Yes ☐ No



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### Section 8: Zip Line/Canopy Tour Operations (continued)

If yes, do you have employees on site during the rentals in the event of an emergency?

☐ Yes ☐ No

15. How Many Zip Lines does the Course / Tour consist of?

16. What is the maximum height of the zip lines?

17. Does the course contain any Bridges? ☐ Yes ☐ No

If yes, describe the bridges including the number of each.

18. Have you made any additions or changes to your course since it was originally built?

☐ Yes ☐ No

If Yes, Describe the changes including the date added, element name, construction vendors name:

19. Do you provide any services after dark, including but not limited to zip lining, overnight camping, etc.? ☐ Yes ☐ No

If Yes, Describe the activities:

20. Do you require All Participants (or guardian) to sign a waiver prior to any activities taking place?

☐ Yes ☐ No

21. What is the minimum age for participation?

22. What is the maximum weight allowed per manufacturer guidelines?

What is the Maximum weight you advertise or post?

How do you enforce or confirm the participant meets the Maximum weight guidelines?

### Section 9: Camping/Cabins/Lodging/Swimming ☐ No Exposure

1. Total # of Camping/ Tent Sites Available:

2. Total # of RV Spaces Available:

Describe Utility Hookups:

3. Total # of Cabins Available:

If Lodge: # of Units:

Date Built:

4. Do All Cabins / Lodge Units Have Smoke Alarms? ☐ Yes ☐ No

5. Are Individuals Allowed to Cook within the cabins? ☐ Yes ☐ No



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### Section 9: Camping/Cabins/Lodging/Swimming (continued) ☐ No Exposure

6. Is there a Swimming Pool or Swimming Area Available for Use? ☐ Yes ☐ No

If "yes" is there a Diving Board or Slide? ☐ Yes ☐ No

If "yes" are all Local and State Rules & Regulations regarding Signage Complied with?  
☐ Yes ☐ No

Are there Lifeguards monitoring the swimmers? ☐ Yes ☐ No

7. Are all Swimming Pools & Spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? ☐ Yes ☐ No

8. Are all Local and State Rules & Regulations regarding pool/spa chemical monitoring and logging complied with? ☐ Yes ☐ No

9. Have you ever received a citation or warning with respects to the pool/spa from State or Local Authorities? ☐ Yes ☐ No

If "yes", please describe the citation and how the citation was remedied:

### Section 10: Concessions/Restaurant ☐ No Exposure

1. Are Grills and Cooking Surfaces Protected by a Fire Suppression System per local / State codes?  
☐ Yes ☐ No

If "no", please describe the Fire Protection present:

2. Are you in compliance with all State and Local Health Codes with regards to food preparation and storage? ☐ Yes ☐ No

If "no", please describe why:

3. Have you ever been cited for a health violation? ☐ Yes ☐ No

If "yes" – describe citation and how remedied:

### Section 11: Retail Sales of Merchandise & Souvenirs ☐ No Exposure

PLEASE INDICATE BELOW THE TYPES OF MERCHANDISE YOU SELL IN YOUR STORE

☐ T-Shirts ☐ Inflated Amusements ☐ Knives ☐ Branded Souvenirs  
☐ Other: ☐ Other: ☐ Other:

1. Do you repair or sell used equipment? ☐ Yes ☐ No

If "yes" – do you have a warranty or guarantee or return policy that you provide? ☐ Yes ☐ No

If "yes" – please provide a copy or describe:



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### Section 12: ZIP LINE & CANOPY TOUR MINIMUM ELIGIBILITY REQUIREMENTS

**PLEASE READ CAREFULLY- BY AFFIXING MY INITIALS I HEREBY AGREE TO ADHERE TO THE FOLLOWING MANDATORY INSURABILITY REQUIREMENTS AS A CONDITION FOR OBTAINING INSURANCE COVERAGE**

1. A safety orientation and/or briefing shall be conducted for each participant that includes a description of the activity itself, the inherent dangers of the activity, safety precautions while underway and what to do in the event of an emergency or accident.
2. **YOU AGREE TO USE THE WAIVER AND RELEASE OF LIABILITY PROVIDED BY US**, recognizing the dangers of the activities. That waiver will be signed and obtained from all participants. In addition to the customer's signature, the form will have a parent's or legal guardian's signature if the participant is under legal age. One waiver per customer is a requirement – roster type waivers are NOT acceptable. Waivers will be kept on file for a minimum of 3 years
3. Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs
4. All applicable State, Federal and Equipment Manufacturer's safety standards for the operations (including passenger capacity) are to be followed at all times during activities. Each participant will wear applicable safety equipment
5. You shall inspect all equipment daily, and prior to the commencement of any activities. You shall make necessary repairs to ensure your patron's safety. You shall maintain and keep a written log of these inspections and repairs
6. Waivers incident / injury reports must be kept on file and available for a minimum of 3 years
7. All incidents regardless of severity will be reported to the company immediately.
8. The insured must have an emergency plan and have First Aid available. One person with a current CPR & First Aid Certificate must be available at all times during business hours.
9. You shall, to the best of your ability, determine the client's physical ability to participate in the activity and ensure that they are properly attired for both the activity and the weather conditions.
10. Communication devices must be present and utilized at every landing platform throughout the trip / tour to provide adequate time to avoid participant collisions during the trip / tour and collisions at all landing stations.
11. Customers shall be fitted and provided with a Helmet and Gloves appropriate for the Zip Lining Activities.
12. Safety Rules and Procedures appropriate to the recreational activity are to be conspicuously displayed in signage or documents provided to each and every participant.
13. All Participants MUST have their harnesses attached to the Zip Securely and only the Guide / Employee can unhook the participant
14. Employees must be properly trained and experienced on all activities to enforce all eligibility and safety requirements
15. You shall have in place SCALES confirming that manufacturer established weight limits are not being exceeded by any participant
16. Minimum Age for participation in the zip line activity is **8 years of age**.
17. Tandem riding, Stunting, Racing and Horseplay of any type is prohibited. Clients violating these rules will be removed immediately.

**IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW.**

**\*\*I understand that coverage cannot be considered bound until I have initialed and agreed to meet all the minimum eligibility requirements as set forth above and/or any exceptions I requested have been approved by the carrier.**

Applicant's Signature & Title:

Date:



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**CYBER LIABILITY**

1. Do you process payment cards? ☐ Yes ☐ No

2. Estimated annual number of payment card transactions

**WARRANTY**

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

**SIGNATURE**

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:





FRAUD NOTICE

**GENERAL STATEMENT:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

**APPLICABLE IN COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**APPLICABLE IN FLORDIA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**APPLICABLE IN HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**APPLICABLE IN KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**APPLICABLE IN MINNESOTA:** Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**APPLICABLE IN OHIO:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

**APPLICABLE IN OKLAHOMA: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE IN 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.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: