

**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