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FLYER SUPPLEMENTAL APPLICATION

NOTE: It is critical that Evolution Insurance Brokers have a clear understanding of your operation. A quote will not be issued in regards to operations not listed on the application.

General Information Proposed Effective Date: \_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

Is this a new business? [ ] Yes [ ] No If no, how many years have you been in business? \_\_\_\_\_

Please list Principal(s) and Owner(s): \_\_\_\_\_

Operation Location(s): \_\_\_\_\_

Employee

1. Requirements for Crew that assist with Launching and Retrieval of customers:

Minimum/Max age: \_\_\_\_\_ Minimum experience needed: \_\_\_\_\_

Certificates needed: \_\_\_\_\_

Is each crew member CPR Certified? [ ] Yes [ ] No

If not, will they become CPR Certified? [ ] Yes [ ] No

2. Do you provide on the job training? [ ] Yes [ ] No

If yes, please provide an outline of the curricula and length of training: \_\_\_\_\_

Operations

3. What type of parasail operation(s)?

Winch \_\_\_\_\_, Platform \_\_\_\_\_, Off the Beach \_\_\_\_\_, Other (please explain) \_\_\_\_\_

4. Please check all that apply: Singles \_\_\_\_\_, Tandems \_\_\_\_\_, Triples \_\_\_\_\_, Dipping \_\_\_\_\_

What is the maximum number of people you fly tandem? \_\_\_\_\_

What % of Flights are Double: \_\_\_\_\_; Triple: \_\_\_\_\_

5. Participant Age Min: \_\_\_\_\_ Max: \_\_\_\_\_ Part Weight (lbs) Min: \_\_\_\_\_ Max: \_\_\_\_\_

Please check all rides that apply: 600ft \_\_\_\_\_, 800ft \_\_\_\_\_, 1000ft \_\_\_\_\_, 1200ft \_\_\_\_\_, other \_\_\_\_\_

6. Please list any other locations: \_\_\_\_\_

7. Navigational Area: Lake \_\_\_\_\_, River \_\_\_\_\_, Ocean \_\_\_\_\_, Other: \_\_\_\_\_

8. Please list any additional activities, operations, equipment and exposures: \_\_\_\_\_

Equipment

9. When did you last replace your: Tow Rope \_\_\_\_\_ Harnesses \_\_\_\_\_ Clips \_\_\_\_\_  
Sails \_\_\_\_\_ Other \_\_\_\_\_
10. How often are inspections of the equipment (daily, per use, etc.): \_\_\_\_\_
11. Please provide name and contact number for the person doing the inspections: \_\_\_\_\_  
\_\_\_\_\_
12. What is the maximum shoot size you fly? \_\_\_\_\_
13. What type of rope do you fly?  Single  Double Braid  
Tow Line Length (ft.): \_\_\_\_\_ Tow Line Diameter: \_\_\_\_\_ Tensile Strength? (lbs.) \_\_\_\_\_
14. Do you have a maintenance log: Yes \_\_\_\_\_ No \_\_\_\_\_  
How often is the Tow Line Trimmed? \_\_\_\_\_ Tow line changed? \_\_\_\_\_  
Winch Block inspected? \_\_\_\_\_ Harnesses inspected? \_\_\_\_\_  
Wind Speed You Stop Operations: \_\_\_\_\_
15. Please describe in detail your maintenance procedures for parasail equipment (use an additional page to complete): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Please describe in detail your maintenance procedures for the boat(s) including the Winch: (use an additional page to complete): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Please describe the procedure for medical emergencies (use an additional page to complete and attach a copy of written procedure with application): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Boat**

18. What is your shore direction? \_\_\_\_\_
19. What prevailing wind direction? \_\_\_\_\_
20. Is your boat equipped with a satellite weather tracking system?  Yes  No
21. Please describe in detail how you monitor weather conditions daily? (use an additional page to complete): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. How do you determine if the weather is compatible with parasailing? (use an additional page to complete): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
23. Please provide an outline of what measurements for:  
a. Fly (acceptable weather): \_\_\_\_\_

b. Postpone operations: \_\_\_\_\_

c. Close operations: \_\_\_\_\_

24. What are your hours of operation? \_\_\_\_\_

25. Please provide the number of times a shoot deploys annually: \_\_\_\_\_

26. Please provide annual guest days:

	<b>Annual # of Guests/Participants</b>	<b>X</b>	<b>Number of Days each person participated</b>	<b>=</b>	<b>Total User Days</b>
<b>Parasailing</b>					

27. Additional business exposures owned and operated by the insured: \_\_\_\_\_

**You must submit the following materials with this application:**

- a. Vessel schedule
- b. All brochures and promotional materials
- c. A copy of the release and acknowledgment of risk form that guests will read and sign
- d. A copy of a vessel survey, made within 12 months of the application, by a SAMS or NAMS certified marine surveyor. Please list any changes to the reports you have done since the report date.
- e. Inspections done on equipment- Tow ropes, harnesses, clips, etc.
- f. Resumes on all key personnel including captains
- g. A copy of procedures manual and/or a detailed description of operations from the time the participant **arrives** until the participant **departs**.

**Industry References**

28. Name: \_\_\_\_\_

Business: \_\_\_\_\_ Operation Name: \_\_\_\_\_

Business Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Business: \_\_\_\_\_ Operation Name: \_\_\_\_\_

Business Number: \_\_\_\_\_ Email: \_\_\_\_\_

**CAPTAIN/OPERATOR \* PLEASE COMPLETE ONE FOR EACH\***

Operator/Captain's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Total years of boating experience: \_\_\_\_\_ Captain's license issued: \_\_\_\_\_

2. Total number of flights (launches/retrievals) have you completed: \_\_\_\_\_

3. In the past 5 years have you been involved with a major accident or violation?\*

	YES	NO
Using a Vehicle		
Using a Boat		

\*If yes, please explain the circumstances and outcome (**MVRS will be checked**): \_\_\_\_\_

\_\_\_\_\_

4. Please list all licenses, boating courses, boating education classes, boating safety courses etc. for which you can produce a certificate (include dates completed and any refresher courses): \_\_\_\_\_

\_\_\_\_\_

5. Have you ever been:

a. Cited for violating civil or military flight restrictions?  Yes  No

b. Convicted of entered into a plea in abeyance to a felony?  Yes  No

c. Arrested for driving under the influence of drugs or alcohol?  Yes  No

6. List the waters or areas you have navigated (Atlantic, Great Lakes, Pacific, Mexico, etc.): \_\_\_\_\_

\_\_\_\_\_

7. Prior boats you have OPERATED: **COMPLETE ALL BOXES**

Year of vessel	Manufacturer Make & Model & Length	Speed MPH	Dates Operated		Owned by you? Yes/No
			From MMYY	To MMYY	

8. List ALL marine insurance claims and/or prior marine loss history insured or not-insured in past 5 years or are you aware of any incident, accident or event that may give rise to a claim? Attach page if insufficient space to explain. **If no losses past 5 years, insured or not insured or potential claims pending write "NONE"**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMERCIAL MARINE VESSEL SCHEDULE**

**\*Indicate ACV (actual cash value) only if you desire hull/physical damage for the vessel**

**\*If a large fleet – please provide in Excel format**

UNIT	YEAR	MAKE AND MODEL	LENGTH	HULL ID # (12 DIGITS)	ENGINE YEAR/MAKE	TOTAL HP	MAX SPEED	USE/ACTIVITIES CONDUCTED	*ACV VALUE

LIEN HOLDER NAME & ADDRESS	UNITS OF INTEREST	LIEN HOLDER NAME & ADDRESS	UNITS OF INTEREST

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine

if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.

4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name