



Zip Line Supplement		
Named Insured		
Please provide description of zip line area (Include type and highest point)		
Is the area locked and are entrance gates locked when not in use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the facility have rules of expected conduct and safety regulations posted at visible locations throughout (If yes, please provide a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a waiver and release form for participants to complete (If yes, provide a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often are inspections made on the equipment and course	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the insured use a professional inspection company	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the insured uses a professional inspection company, please advise who		
Does the insured require/provide rider safety gear (helmets, etc) (If yes, please describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people can participate at one time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How are participants transported to and from zip line (Please describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How are riders monitored or observed (Please describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there EMT, paramedic or medical first aid responders on site (If yes, please describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe training of guides/employees that operate equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional information		