



#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

INFLATABLE BOUNCE OPERATIONS APPLICATION

PART 1: GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Business Operations: _____

Website Address (if applicable): _____

Number of Years in Business: _____ Desired Effective Date: _____

Previous Insurer: _____ Has any Insurer cancelled, declined, or refused you coverage? No Yes

If yes, provide details: _____

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied;

PART 2: Underwriting Information

DESCRIPTION of all inflatable and amusement devices operated by the insured (this must include complete details of the manufacturer, Model and Serial Number, Dimensions and Age or we will be unable to quote)

A picture of each device must accompany the application if a website is not available

*if property Coverage is required

List the ACTUAL CASH VALUE

	Manufacturer, Model, Serial Number	Height	Width	Length	Age		Of each device.
1.						\$	
2.						\$	
3.						\$	
4.						\$	
5.						\$	
6.						\$	
7.						\$	
8.						\$	
9.						\$	
10.						\$	

Does this application contain a complete list of all inflatable play products and rental inventory owned by you: Yes No

Are there any activities involving trampolines and/ or inflatable jumping pillows: Yes No

If yes please explain: _____

Do you require that waivers be signed by all renters: Yes No (copy required)

Are specific instructions provided to each renter: Yes No (copy required)

What are specific restrictions with respect to:

a) Maximum and Minimum allowed age of participant for each device, please indicate: _____

b) Maximum weight Allowance: _____

c) Maximum number of children allowed on device: _____

d) Are participants grouped by similar size and age: Yes No

e) Who are your clients

a. Private Parties Only Yes No _____

b. Public / Commercial Events only Yes No _____

c. Private Parties and Public Events Yes No Percentage of each: Private Parties: ____%

Public/Commercial ____%

Details: _____

d. Other: Yes No _____

Do you keep a first aid kit on site when you re supervising the operation of the device? Yes No

For public / commercial events, do you or your employee(s) stay in attendance and supervise the unit: Yes No

If no, provide details: _____

For private parties, is it part of your rental agreement that the device be attended by a parent / adult at all times while in operation:

Yes No

If no, provide details: _____

Who is responsible for the set up and take down of the inflatable device(s): _____

Provide complete details of the set up and the tie down procedure for both sod / dirt and concrete / asphalt surfaces:

If any of your operations are at an indoor venue(s) please advise:

- a) Percentage split between Indoor set up: ____%
Outdoor set up: ____%
- b) Type of location(s) – mall, school, gym, church hall etc.: _____
- c) Complete details of indoor set up procedures including the type of underlying surface and how the device is secured:

- d) Distances required from ceiling / walls Roof: ____ feet Walls: ____ feet

NOTE: if an indoor setup is more than 1 week or if a device is set up permanently at any one location see following item.

Do you sell or will you include with the rental any food, novelties or birthday bags: Yes No

If yes, please describe: _____

If you are operating at a **permanent or semi-permanent location**, and require property coverage please provide the following:

Property Coverage Required: _____

- a) Location: _____
- b) Construction: Height: _____ Roof: _____
Walls: _____ Floor: _____
- c) Heating: Natural Gas Ip Gas Oil Electric Other: _____
Forced Air Hot Water Steam Radiant
- d) Building Age: _____
Upgrades: (Details & dates of upgrades must be indicated if building is over 25 years old)
Height: _____ Roof: _____
Walls: _____ Floor: _____
- e) Sprinklered: Yes ____% No Last Tested: _____
- f) Monitored Burglar Alarm: Yes No Details: _____

- g) Window Protection: Yes No Details: _____

- h) Area: Industrial Commercial Residential Agricultural
Urban Suburban Rural

- i) Fire Protection: Within 500 ft of a fire hydrant: Yes No Within 1000 ft of a fire hydrant Yes No
Within _____ km of a fire hall Fire Department: Volunteer Fulltime

If you are operating out of a **permanent or semi-permanent location**:

- a) Will parental supervision of a parental presence be required at all times? Yes No
If no, please explain: _____
- b) Does the operator provide a child drop-off service? Yes No
If yes, please explain: _____

Does your operation involve any event planning operations other than the inflatable bounce rentals? Yes No

If yes, please explain: _____

Does your Organization engage in any other activities or operation under this same legal entity? Yes No

If yes, please explain: _____

List all entities requiring Additional Insured statuses on your policy:

Name	Mailing Address	Reason for Additional Insured Status	Certificate of Insurance Required	
			Yes	No
			Yes	No
			Yes	No

PART 3: Gross Receipts (Include a copy of the insured's most recent financial statement if available)

GROSS RECEIPTS:	Actual Last Year	Anticipate Coming Year
Inflatable Device Rentals	\$ _____	\$ _____
Food & Novelties (describe below)	\$ _____	\$ _____
Other (describe below)	\$ _____	\$ _____
Total Receipts	\$ _____	\$ _____
Other:		

PART 4: Claims, Loss and Incident History for the Past 5 Years

Date	Cause	Amount Paid or Reserved (Including fees)	Deductible or Reimbursement	Insurer

Prior insurer and policy term: _____ Expiring Premium: _____

Has any company declined or cancelled any coverage? Yes No

If yes, please explain: _____

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

Applicants Signature: _____ Position: _____

Please Print Name: _____ Date: _____