

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

INDOOR PLAYGROUND APPLICATION

1. Name of Broker: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_
2. Name of Applicant: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 \_\_\_\_\_
3. Name/Address of facility: \_\_\_\_\_  
 \_\_\_\_\_
4. PREVIOUS INSURER  
 Does applicant presently carry insurance?  YES  NO  
 If "Yes" name of company that insures this risk \_\_\_\_\_  
 Premium: \$ \_\_\_\_\_  
 If "No" please explain \_\_\_\_\_  
 Is the current insurer offering renewal?  YES  NO  
 If no, please explain \_\_\_\_\_  
 Is Present Insurance "Claims Made"?  YES  NO  
 If "Yes" state Retro Date \_\_\_\_\_  
 Does the policy cover all operations of the Insured?  YES  NO  
 If no please describe: \_\_\_\_\_
5. Describe applicant's experience in this industry  
 \_\_\_\_\_  
 How long has the applicant been in business? \_\_\_\_\_
6. What is the square footage of the establishment? \_\_\_\_\_
7. Please list all equipment/amusements on premises:  
 \_\_\_\_\_

8. Are there any trampolines on site? \_\_\_\_\_ If so what type of trampolines are they (in floor or above ground)? \_\_\_\_\_  
What supervision is in place for the trampoline area? \_\_\_\_\_
9. Are there any inflatable jumping pillows on site? \_\_\_\_\_
10. Who is the manufacturer of the play structures?  
\_\_\_\_\_  
How is equipment anchored? \_\_\_\_\_  
Type of floor covering? \_\_\_\_\_  
What maintenance program is in effect for play equipment/structures?  
\_\_\_\_\_  
How often are maintenance inspections done? \_\_\_\_\_  
Is insured allowed to deviate from manufacturer's recommendations for Assembly?  YES  NO
11. What is the maximum capacity of the premises? \_\_\_\_\_  
Average number of children per day? \_\_\_\_\_  
Ages of children? \_\_\_\_\_
12. Is parental supervision required at all times  YES  NO  
Number of supervisory staff? \_\_\_\_\_ Ages of supervisors/staff \_\_\_\_\_  
Qualification of supervisors/staff? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Numbers of employees supervising play area: \_\_\_\_\_  
Is there a set ratio for attendants to children?  YES  NO  
If no please Explain: \_\_\_\_\_
13. Do you provide babysitting services?  YES  NO
14. Are there any medical or registration forms used?  YES  NO  
If so, please enclose copies.
15. What is the policy regarding sickness or communicable diseases?  
\_\_\_\_\_
14. Will food be served on the premises?  YES  NO. If so what type and who prepares it? \_\_\_\_\_
16. What are the minimum requirements for first aid training of staff?  
\_\_\_\_\_
17. What procedures are in place relative to the handling and storage of potentially harmful items such as paints, cleaning materials etc. ?  
\_\_\_\_\_

18 Anticipated Revenue for this year? \_\_\_\_\_  
Last year revenue? \_\_\_\_\_

19 Any losses or incidents in the last 5 years  YES  NO If so please  
Give details \_\_\_\_\_

20 Limits Required:

<u>Coverage:</u>	<u>Limit</u>	<u>Deductible</u>
Property	_____	_____
Comprehensive General Liability	_____	_____
Tenants' Legal Liability	_____	_____
Other	_____	_____

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

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

\_\_\_\_\_  
Signed (applicant):