

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? Yes No
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? Yes No

10. Who is the manufacturers 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?

16. Will food be served on the premises? Yes No
If so what type and who prepares it? _____
17. What are the minimum requirements for first aid training of staff?

18. What procedures are in place relative to the handling and storage of potentially harmful items such as paints, cleaning materials etc. ?

19. Anticipated Revenue for this year? _____ Last year revenue? _____
20. Any losses or incidents in the last 5 years Yes No If so please Give details

21. Limits Required:

Coverage:

Limit

Deductible

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): _____