

# 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? Yes No

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 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**

Manufacturer, Model, Serial Number	Height	Width	Length	Age	*if property Coverage is required List the ACTUAL CASH VALUE of each device
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Manufacturer, Model, Serial Number	Height	Width	Length	Age	*if property Coverage is required List the ACTUAL CASH VALUE of each device
					\$

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 statues 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)	\$ _____	\$ _____
<b>Total Receipts</b>	\$ _____	\$ _____

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: \_\_\_\_\_

Target Premium (if known): \_\_\_\_\_

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: \_\_\_\_\_