

Trampoline Supplemental Application

Business name: _____

DBA: _____

Mailing address: _____

_____ State: _____ Zip: _____

(City)

Location Address: _____

_____ State: _____ Zip: _____

(City)

Website address of facility: _____

Phone # of facility: _____ Federal ID #: _____

Type of Entity (Corp. Individual, Partnership, Joint Venture, LLC) _____

Owner of Facility:

Contact Person of Facility:

Name:

Name

Phone:

Title:

Cell:

Phone:

Email:

Cell:

Other:

Email:

Additional Insured's /Certificate Holders and mailing address (Please specify their interest in the operation. Example - Landowner, vendor, investor, etc.)

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Policy Information

Expiring

Prior Carrier	Limit of Liability	Premium	Deductible

Expiration date of policy:

Note: For new owner/operators, we require a resume and business plan prior to quoting.

Has your policy ever been canceled / Non renewed: Yes No If yes, explain:

Please attach **Five** year currently valued / updated loss runs from prior carriers. If any claim activity please give details below:

Operations Receipts:

(If more than one location, please fill out sheet for each location)

	Last Year	Projected This Year
Admission Fees	\$ _____	\$ _____
Party / Special Event Fees	\$ _____	\$ _____
Merchandise	\$ _____	\$ _____
Concessions	\$ _____	\$ _____
Rock climbing wall	\$ _____	\$ _____
Laser tag	\$ _____	\$ _____
Arcade	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Total:	\$ _____	\$ _____

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Facility Information Part 1

How long has the owner had this facility: _____ # of years of experience: _____

Square footage of building: _____ Age of building: _____

Is facility open year-round: Yes No (If no, operational months) _____ to _____

Days open per week: _____ Hours: _____

Employees: Full Time _____ Part Time: _____ How many on an average day: _____

Do all employees wear uniforms or same apparel: Yes No

Do any employees attend any Industry Training Sessions: Yes No

Is there full time employee turnover: Yes No

Is there a full time maintenance person: Written: Electronic:

Are any alcoholic beverages served or allowed on the premises: Yes No

Is the entire facility fenced off: Yes No

Do you provide day care or babysitting services: Yes No

Do you provide after school and/or summer programs: Yes No

Do you have any overnight activities or events: Yes No

Do you have an employee handbook: Yes No

Do you use any kind of waivers: (If so, please attach a copy of waiver) Yes No

Do you have security cameras that cover the entire facility: Yes No

Do you have security cameras that cover partial Facility: Yes No

Do you contract or employ any security: Yes No

If yes, are they contracted or employed

Are they off duty police officers: Yes No If yes, are the armed: Yes No

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Facility Information Part 2

Do you have staff meetings: Yes No (If yes, how often) _____

Do you have fireworks display: Yes No

If yes, are the displays managed by employees or contracted out: _____

Do you have an employee safety program: Yes No

If yes please explain: _____

Is there a formal ride / equipment maintenance program: Yes No

If yes please explain: _____

Safety/First Aid

Do you have fire alarms? Yes No

Do you have an automatic sprinkler system? Yes No

How many fire extinguishers: _____ Are they all charged: Yes No

Have employees be trained to use fire extinguishers: Yes No

Is there more than one public exit in the main building structure: Yes No

Do you have a first aid kit(s) Yes No

How many: _____ Location(s): _____

How many employees CPR / first aid certified: _____

Inspections

Have you ever been cites for violations or law of ordinances: Yes No

Are the rides inspected by a state agency: Yes No

If yes how often: _____

Is the facility inspected by the fire dept.: Yes No

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If yes how often: _____

Any other type of inspection(s): Yes No

If yes how often: _____

Trampoline Information Part 1

Type of Trampoline: Wall to Wall Bungee Stand Alone Tramp Track

Other devices other than trampolines? (i.e. rings, bars, basketball hoops, etc...)

Manufacturer of trampoline system? _____

- Mfg have certificate of compliance with NFPA 701? Yes No

- Mfg have certificate of compliance with ASTM F1159 and ASTM F 2375?
 Yes No

Are instructions given to jumpers prior to each session? Yes No

How are instruction given? Verbally Video

Are safety signs posted at your facility and at points of entry? Yes No

Are ALL participants required to sign waivers? Yes No

Are legal guardians required to sign waivers on behalf of all minors (under 18) Yes No

What is the minimum participation age _____

Are children under age permitted to jump with parent/guardian Yes No

Are participants separated by age and experience? Yes No

Is all equipment inspected prior to each jump session Yes No

Do you repair trampoline equipment Yes No

- Who does your repairs? _____

- What is the manufacturer's requirement for repairs to be done? _____

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Have you modified the trampoline system?

Yes No

- If yes, how? _____

How are your employees trained?

Do you have a rules speech before each jump session?

How many court monitors are used? _____

- What is the ratio of monitors to jumpers _____

- How are they positioned?

Total square footage of trampolines? _____

Total number of Courts _____

- What is the court capacity for:

Basketball: _____

Open Jump: _____

For Dodge-ball: _____

For Toddler Court: _____

For Foam Pit Court: _____

Fitness Classes: _____

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Are jumpers separated from basketball and/or dodge ball players? Yes No

Are balls collected when not in play? Yes No

What area are balls kept when not in play? Yes No

Are competitive jumping lessons taught? Yes No

Do you own or lease the premises? Own Lease

Any apparatus hanging from ceiling in jumping area? Yes No

- If yes, Distance from jumping area to apparatus _____ ft.
- Distance from jumping area to ceiling _____ ft.

Does Que, Entrance and Platforms have impact absorbing material on all surfaces within 48" of device frames (floor, patron barriers, banisters, rails etc.)? Yes No

Is barrier netting at top of all platform barriers? Yes No

Is barrier or gate used to prevent unauthorized access to devices? Yes No

Does a redundant fall through protection device exist under all jump surfaces? Yes No

Is impact absorbing matting completely covering springs and device frames? Yes No

Is impact absorbing matting completely attached to jump surfaces and secured to device frames? Yes No

Does patron barrier netting meet the requirements of No Hold barrier Nettings? (ASTM F 2375) Yes No

Patron responsibility signage at entrance to each device? Yes No

PLEASE ATTACH :

1. Court Maintenance
2. Operating Instructions for each device
3. Waiver
4. Court rules and safety guide
5. Employee training guide
6. Business Plan
7. Current loss runs from your carrier

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It is hereby understood and agreed that if insurance is issued by virtue of completing this application, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant immediately and automatically cease, and the certificate/policy shall become null and void.

Print Applicant Name: _____

Title: _____

Applicant's Signature: _____

Date: _____

Producer Name: _____

Date: _____

Producer's Signature: _____