

Inflatable Operators Application

Corporate Name: _____

Effective Date: _____

Trade Name: _____

FEIN & SS#: _____

Entity Type: _____

Years in Business: _____

Contact Person: _____ DOB: _____

Phone #: _____

Mailing Address: _____

Fax #: _____

City: _____ State: _____ Zip: _____

Website: _____

Email: _____

Location Address: _____

City: _____ State: _____ Zip: _____

How Many Years of management experience do you have?

DESCRIPTION OF OPERATIONS

TYPE OF OPERATION	ANNUAL RECEIPTS
<input type="checkbox"/> Rental with Operators	\$ _____
<input type="checkbox"/> Rental without Operators	\$ _____

Pay for Play? Yes No

If so do you have signage up? Yes No

Describe / List specialized training or memberships: _____

Are written instructions, procedures, and training provided for employees? Yes No

Are there written Customer Training Procedures? (*Please attach*) Yes No

How many attendants/operators accompany each piece of equipment at the rental site? _____

Is equipment ever left overnight? Yes No If yes, please Explain: _____

Are there age/height/weight limitations for users on all devices? Yes No

If yes, are they clearly displayed - sewn into or silkscreened on all devices? Yes No

Are the inflatables set up on a flat surface and properly grounded? Yes No

Do you prohibit the use by adults (over 15 yrs old) and children at the same time? Yes No

Do you have Watchdog siren warning devices? Yes No

If yes, how many? _____

Are Release of Liability forms signed by renters of the equipment? (Rental Agreement)

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Do you maintain and operate equipment in accordance with manufacturer's instructions? Yes No

How often is equipment inspected for damages/safety? _____

Is there a scheduled maintenance plan? Yes No

Is there Customer Pick Up? Yes No

Do you want property coverage for your inventory? Yes No

Required attachments:

- Rental Agreement
- Training Procedures.

Please Complete all the items below:

COVERAGE	CARRIER	POL. DATE	LIMITS	PREMIUM	
General Liability					Sales on Pol: Deductible:
Automobile					Radius: # Trucks: # Vans # Priv. Pass.: # Trailer:
Property					Payroll: Bldg. Value Contents Bus. Income Prop. Off Prem.
Umbrella					

Indicate below, the average number of claims and annual amount incurred in the last three years:

YEAR	# Claims	Total Amount

*Note: Please forward current loss runs from your carrier, along with this application

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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 WARRATNIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVEREAGE 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: _____