

# 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

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

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**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:	\$ _____	\$ _____

## 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

**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?

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

## Trampoline Supplemental Application

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: \_\_\_\_\_