



*Please visit www.allrisks.com/submit-a-risk or contact your current All Risks, Ltd. producer to submit applications.

Trampoline Supplemental Application

Business Name: _____

DBA: _____

Mailing Address: _____

City _____ State _____ Zip _____

Location Address: _____

City _____ State _____ Zip _____

Website of facility: _____

Phone Number: _____ Federal ID #: _____

Type of Entity: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (please explain): _____

OWNER OF FACILITY

CONTACT PERSON OF FACILITY

Name: _____

Name: _____

Phone: _____

Title: _____

Cell: _____

Phone: _____

Email: _____

Cell: _____

Other: _____

Email: _____

Additional Insureds/Certificate Holders and mailing address (please specify their interest in the operation (i.e landowner, vendor, investor, etc.)):

POLICY INFORMATION

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 cancelled/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		
Merchandize		
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, what are the 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? Yes No
 If yes, please attach a copy of waiver.

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 Employed
 Are they off duty police officers? Yes No
 If yes, are they 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 been trained to use first extinguishers? Yes No

Is there more than one public exit in 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 cited 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 department? Yes No

If yes how often: _____

Any other type of inspection(s): Yes No

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: _____

• Does manufacturer have certificate of compliance with NFPA 701? Yes No

• Does manufacturer 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 instructions 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: _____

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? Yes No

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 Dodgeball: _____
- For Toddler Court: _____
- For Foam Pit Court: _____
- Fitness Classes: _____

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? Yes No

Any apparatus hanging from ceiling in jumping area? Yes No

If yes:

- Distance from jumping area to apparatus: _____
- Distance from jumping area to ceiling: _____

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

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: _____