

## INFLATABLE BOUNCE OPERATORS

The following information must accompany this application:

- (1) Copy of your waiver/rental agreement
- (2) A photo of each unit if pictures are not available on a website

**PLEASE ANSWER ALL QUESTIONS  
 IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"**

1. **Name of Applicant::** \_\_\_\_\_  
 (And all Subsidiaries)

2. **Mailing address:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

3. How long has applicant been in business under the above name?: \_\_\_\_\_

4. **Description of Business Operations:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Length of Operating Season: From: \_\_\_\_\_ To: \_\_\_\_\_

6. Provinces Operated in: \_\_\_\_\_  
 \_\_\_\_\_

If operating in the Province of Ontario, is the Insured TSSA licensed?  YES  NO

Details: \_\_\_\_\_

5. Policy Term: From: \_\_\_\_\_ To: \_\_\_\_\_

6. Miscellaneous Property Floater Required\*  
 \*List value(s) below: Broad Form, 100% co-insurance, \$ \_\_\_\_\_ deductible

7. Commercial General Liability Limit Required: \$ \_\_\_\_\_ Reimbursement Clause: \$ \_\_\_\_\_

8. Description of all inflatable and amusement 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	ACTUAL CASH VALUE*
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$
8.						\$
9.						\$
10.						\$

\*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

9. Do you require that waivers be signed by all renters? (Copy required)

YES  NO

Are specific operating instructions provided to each renter? (Copy required)

YES  NO

What are the specific restrictions with respect to:

a) Maximum and Minimum allowed age of participant for each device, please indicate:  
(NOTE: Maximum age cannot be more than 13 years old)

\_\_\_\_\_

b) Maximum Weight allowance:

\_\_\_\_\_

c) Maximum number of children allowed on device:

\_\_\_\_\_

d) Are participants grouped by similar age and size?

YES  NO

e) If your restrictions, rules and regulations differ from the manufacturer's, please provide an explanation (Copy of each required):

\_\_\_\_\_

\_\_\_\_\_

- f) Who are your clients:
- (i) Private Parties Only  \_\_\_\_\_
  - (ii) Public/Commercial Events Only  \_\_\_\_\_
  - (iii) Private Parties and Public Events  Percentage of each: Private Parties \_\_\_\_\_ %  
Public/Commercial Events \_\_\_\_\_ %
- Details: \_\_\_\_\_
- (iv) Other  \_\_\_\_\_

10. Do you keep a first aid kit on site when you are supervising the operation of the device?  YES  NO

11. a) For Public/Commercial Events, do you or your employee(s) stay in attendance and supervise the unit? If no, please provide details.  YES  NO

\_\_\_\_\_

b) For Private parties, is it part of your rental agreement that the device be attended by a parent/adult at all times while in operations?  YES  NO

If no, please provide details.

\_\_\_\_\_

12. a) Who is responsible for the set up and take down of the inflatable device(s):

\_\_\_\_\_

b) Provide complete details of the set up and the tie down procedures for both sod/dirt and concrete/asphalt surfaces:

\_\_\_\_\_

\_\_\_\_\_

13. If any of your operations are at an indoor venue(s), please advise:

a) Percentages split between: (i) Indoor set up: \_\_\_\_\_ %  
(ii) Indoor 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 Item (?)**

14. Do you sell or will you include with the rental any food, novelties or birthday bags?  YES  NO

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

15. 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  LP Gas  Oil  Electric  Other: \_\_\_\_\_  
 Forced Air  Hot Water  Steam  Radiant

d) Building Age: \_\_\_\_\_

Upgrades: (Details and date of upgrades must be indicated if building is over 25 years old)

Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

Roof: \_\_\_\_\_ Electrical: \_\_\_\_\_

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  Full Time – Paid

16. If you are operating out of a **permanent or semi-permanent location**:

a) Will parental supervision or a parental presence be required at all times?  YES  NO  
If no, please explain:

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b) Does the operator provide a child drop-off service?  YES  NO  
If yes, please explain:

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17. Does your operation involve any event planning operations other than the inflatable bounce rentals?  YES  NO  
If yes, please explain:

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18. Does your Organization engage in any other activities or operations under this same legal entity?  YES  NO  
If yes, please provide details:

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19. List all entities requiring Additional Insured status on your policy:

NAME	MAILING ADDRESS	REASON FOR ADDITIONAL INSURED STATUS	CERTIFICATE OF INSURANCE REQUIRED?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**20. GROSS RECEIPTS – Include a copy of the Insured’s most recent financial statement if available.**

GROSS RECEIPTS	ACTUAL LAST YEAR	ANTICIPATED COMING YEAR
Inflatable Device Rentals:	\$	\$
Food and Novelties (Describe below)	\$	\$
Other (Describe below)	\$	\$
<b>TOTAL RECEIPTS</b>	\$	\$

OTHER: \_\_\_\_\_  
 \_\_\_\_\_

**21. Claims History:**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  YES  NO

If yes, give details: \_\_\_\_\_

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

**I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.**

DATED: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

<b>BROKER NAME:</b> _____
<b>ADDRESS:</b> _____ _____
<b>PHONE NO.:</b> _____
<b>FAX NO.:</b> _____