



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

TRAMPOLINE

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

Detailed description of business activities (specifically, and by location): _____

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other: _____

Is this a new business? ☐ Yes ☐ No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: _____

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? ☐ Yes ☐ No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? ☐ Yes ☐ No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? ☐ Yes ☐ No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? ☐ Yes ☐ No

If the standard markets are declining placement, please explain why: _____

C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

D. Desired Insurance

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Self-Insured Retention (SIR): ☐ \$1,000 (Minimum) ☐ \$1,500 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

E. Business Activities

1. Business Hours of Operation: _____

2. Do you have video surveillance cameras? ☐ Yes ☐ No

If yes, please describe in detail: _____

3. Does the Applicant engage in any other business operations? ☐ Yes ☐ No

If yes, please describe in detail: _____

4. What is the square footage of your location? _____

5. Are safety rules provided to all participants prior to engaging in any activity? ☐ Yes ☐ No

If yes, please describe how this is done. _____

6. Do you post your safety and warning rules in the facility so they are visible to all participants? ☐ Yes ☐ No

Please explain and provided photos. _____

7. Please list the number of trampolines and attach pictures with this application: _____

8. Please describe the trampoline activities: _____

9. Do you have a Foam Pit? ☐ Yes ☐ No

If yes, please describe all rules and safety precautions: _____

Are the above rules/safety precautions displayed for participants? ☐ Yes ☐ No

10. Does your park have a Rock Climbing Wall? ☐ Yes ☐ No

If yes, please describe all rules and safety precautions and attach pictures to this application: _____

Are the above rules/safety precautions displayed for participants? ☐ Yes ☐ No

11. Does your facility have any inflatables? ☐ Yes ☐ No

If yes, please list the number and describe each in detail: _____

If yes, please describe all rules and safety precautions and attach pictures to this application: _____

12. Does your facility have a Zip Line? ☐ Yes ☐ No

If yes, please describe each (if more than one) in detail: _____

If yes, please describe all rules and safety precautions and attach pictures to this application: _____

13. Do competitive leagues play at your facility? ☐ Yes ☐ No

If yes, please describe in detail: _____

14. List all other activities taking place at this location or any of your other locations (include pictures and all rules and safety precaution): _____

F. Premises/Location

1. Please include any information that adequately describes your premises, i.e. photos, brochures, and a diagram of the premises.
2. List all parties with an interest in premises:

Owner: _____

Address: _____

Tenant: _____

Address: _____

Other (explain): _____

Address: _____

G. Risk Management:

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you perform maintenance and up keep on the equipment in your facility?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you keep a log of all maintenance?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you do regular checks of the premises for hazards etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes to the above question, do you keep a log of when, who, what of the checks?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a height and/or weight restriction for activities? If yes, please provide details.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you allow pregnant women to participate in activities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a medical emergency plan and procedures?

1. Please enclose resumes of your key personnel and minimum requirement for person(s) charged with safety. _____
2. Do you have a drug policy? ☐ Yes ☐ No If yes, please attach a copy of the policy.
3. What is the minimum age of employees? ☐ 16-18 ☐ 18-21 ☐ 21+
4. Do you require employee(s) to monitor all the activities in the facility? ☐ Yes ☐ No
If yes, please note how many employees are placed at each activity and for how long? _____
5. Please note what the duties and obligations of your employees in regards to their monitoring of activities? _____
6. Does your facility have a maximum capacity? ☐ Yes ☐ No
If yes, please note. _____
7. Do you require that participants sign an "assumption of risk" form and/or "Liability Release"? ☐ Yes ☐ No
8. Have you obtained certificates of insurance from all independent contractors or concessions? ☐ Yes ☐ No
If yes, please enclose copies.
9. Additional Activities

	GROSS RECEIPTS	# OF PARTICIPANTS ANNUALLY
Birthday Parties	\$	
Weddings	\$	
Corporate Events	\$	

Family Days	\$	
Open workouts	\$	
Lock In	\$	
Camps	\$	
Other (please describe)	\$	

****Important:** Not everyone will have all these items.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name