

**SECTION 1: BROKER DETAILS**

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

General email: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**SECTION 2: RISK DETAILS**

2.1 Effective Dates

Policy period required from (effective date): \_\_\_\_\_ to (expiry date): \_\_\_\_\_

2.2 Mailing information

Name of Insured as it is to appear on policy: \_\_\_\_\_

Name of Organization (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2.3 What is the insured?

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify) \_\_\_\_\_

2.4 Physical Address of Organization (if different than mailing):

Address: \_\_\_\_\_

2.5 Webpage: \_\_\_\_\_

2.6 Provide number of years the business has been in operation: \_\_\_\_\_

Description of Business Operations: \_\_\_\_\_

2.7 Length of Operating Season: From: \_\_\_\_\_ To: \_\_\_\_\_

2.8 Provinces Operated In: \_\_\_\_\_

If operating in the Province of Ontario, is the Insured TSSA licensed? ☐ Yes ☐ No

Please provide details: \_\_\_\_\_

2.9 Are there any activities involving trampolines and/or inflatable jumping pillows?

☐ Yes☐ No

Please provide details:

2.10 Description of all inflatable and amusement devices operated by Insured. Please include a picture of each if a website is not available.

Manufacturer, Model, Serial Number	Height	Width	Length	Age	Value
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

2.11 Does this application contain a complete list of all inflatable play products and rental inventory owned by you?

☐ Yes☐ No

2.12 Please provide a copy of the waiver/release form you will be using.

Are specific operating instructions provided to each renter?

☐ Yes☐ No

Please provide a copy of the waiver/release form you will be using.

2.13 What are the specific restrictions with respect to:

a) Maximum and Minimum allowed age of participants for each device, please indicate: Minimum:Maximum:

(NOTE: Maximum age cannot be more than 13 years old)

b) Maximum weight allowance:

c) Maximum number of children allowed on device at one time:

d) Does this application contain a complete list of all inflatable play products and rental inventory owned by you?

☐ Yes☐ No

e) If your restrictions, rules and regulations differ from the manufacturer's, please provide an explanation. (Copy of your restrictions and the manufacturers 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 Only %

Public / Commercial Events Only %

- iv. Other (specify):

☐

- 2.14 Do you keep a first aid kit on site when you are supervising the operation of the device? ☐ Yes ☐ No
- 2.15 a) For Public/Commercial Events, do you or your employee(s) stay in attendance and supervise the unit? ☐ Yes ☐ No  
If no, please provide details: \_\_\_\_\_  
\_\_\_\_\_
- 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: \_\_\_\_\_  
\_\_\_\_\_
- 2.16 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: \_\_\_\_\_  
\_\_\_\_\_
- 2.17 If any of your operations are at an indoor venue(s), please advise:
- a) Percentage split between:
- i. Private Parties Only \_\_\_\_\_ %
- ii. Public/Commercial Events Only \_\_\_\_\_ %
- 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) Percentage split between: Roof: \_\_\_\_\_ (feet) Walls: \_\_\_\_\_ (feet)
- 2.18 Do you sell or will you include with the rental any food, novelties or birthday bags? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
- 2.19 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b) Does the operator provide a child drop-off service? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2.20 Does your operation involve any event planning operations other than the inflatable bounce rentals? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- 2.21 Does your organization engage in any other activities or operations under this same Legal entity? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2.22 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
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.23 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)	\$	\$
Total Receipts:	\$	\$

OTHER:

2.24 Does applicant presently carry insurance? ☐ Yes ☐ No

If yes, who is present insurer?

Is present insurance Claims Made? ☐ Yes ☐ No

If Yes, state retro date:

2.25 Are they willing to renew? ☐ Yes ☐ No

If no, please explain:

Does the policy cover all operations of the Insured? ☐ Yes ☐ No

If no, please describe:

SECTION 3: CLAIMS INFORMATION

3.1 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

3.2 Are you aware of any other incidents which may result in claims against you? ☐ Yes ☐ No

If yes, please give details:

IMPORTANT CHECKLIST

Please ensure the following are included with your submission:

- ☐ Copies of any brochures, ads or other literature concerning inflatable bounce device and/or services provided
- ☐ Resumes or descriptions of previous training for ALL instructors
- ☐ Copies of the waiver and release forms or consent forms signed by all participants
- ☐ Photographs and diagram of Inflatable Bounce Device

SECTION 4: LIMITS OF LIABILITY REQUIRED

4.1 Commercial General Liability

Each Occurrence Limit	\$	
Products - Completed Operations Aggregate Limit	\$	
Personal Injury Limit	\$	
Tenants Legal Liability Limit	\$	
Medical Expense Limit - Per Occurrence/Per Person	\$	
Non-Owned Automobile Limit		
- Liability	\$	
- Physical Damage	\$	
Employee Benefits Limit	\$	
Employers Liability Limit	\$	
Advertising Injury Limit	\$	
Other:	\$	
		Deductible \$

SECTION 8: DECLARATIONS

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 bases 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.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: Full Name:

Position Held: Date:

## SECTION 7: ADDITIONAL INFORMATION

[illegible]

## **INFLATABLE BOUNCE – LOSS PREVENTION INFORMATION**

Good loss prevention measures can reduce the occurrence of negative incidents and can protect you and your operation from claims that arise even when you have done everything within reason to prevent them.

Maintaining well-organized documents relating to each rental as well as keeping maintenance and inspection records on your devices is a strong defense against claims and suits for injury and damages.

You can commit to safety in your business by:

- 1) Selecting inflatable devices from providers who have demonstrated they have taken all reasonable steps and testing to ensure the safety of their products including all applicable safety standards and practices.
- 2) Complying with the manufacturer's specifications for the products or component being used.
- 3) Making sure that employees and customers receive appropriate written instructions relating to their jobs or use of the products.
- 4) Demanding professional setup and take down of the rental units to prevent serious claims involving improper set up.
- 5) Using Rental Contracts and Waiver of Liability Forms that place assumption of liability where it belongs.
- 6) Maintaining consistent quality control over the things you are responsible for and documenting that process. It is recommended that you keep all documentation for the period determined by the statute of limitations (for bodily injury) in the province you operate in or the province where your devices are rented.
- 7) Knowing the standards and licensing requirements for your industry and adhering to any applicable provincial standards.
- 8) If you require a sample copy of any forms that could assist you in your loss prevention efforts, please include your request along with the application. Our sample forms are intended for informational purposes only and are not intended to provide or offer any legal advice. You should consult your attorney for legal advice regarding any waivers.

Hold Harmless and Indemnity Agreements.

- ☐ Pre Rental Checklist – Inspection Form
- ☐ Inspection & Maintenance Log Form
- ☐ Sample of a Waiver of Liability/Release Form
- ☐ Sample of a Rental Agreement with Hold Harmless and Indemnification Agreement