

Inflatable Bounce Operators Application

Sec	tion 1: Broker Details		
1.1	Please complete the follo	wing information pertai	ining to your brokerage:
	Brokerage Name:		
	Address:		
	City		Postal Codo:
	City:		Postal Code:
	Telephone:		Website:
	General email:		Contact E-mail:
	Contact Name:		
Sec	tion 2: Risk Details		
2.1	Effective Dates		
2. I	Effective Dates Policy period required from		to
	, p	(effective date)	(expiry date)
2.2	Mailing information		
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	Name of Insured as it is to ap	opear on policy:	
	Name of Organization (if diffe	erent):	
	riamo di digamzandii (ii ame	5101tty	
	Mailing Address:		
ا 2.3	What is the insured?		
2.3			
	Corporation	Partnership	Joint Venture
	Individual	Other (specify	y)
			905-602-9339
ΚI	nsurance Canada 5800 Explore	er Drive, Suite101	800-753-2632 www.kandkcanada.com



2.4	Physical Address of Facility (if different than mailing):			
	Address:			_
2.5				
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.

Mai	nufacturer, Model, Serial Number	Height	Width	Length	Age	Value
iviai	Tradactorer, Model, Certai Hamber	Tioigitt	Width	Longin	7 ige	\$
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						\$
pro	ducts and rental inventory owned by you? Please provide a copy of the	f all inflatable pla	Yes		No sing.	
pro	ducts and rental inventory owned by you?	e waiver/release	Yes	ı will be u	-	
pro	ducts and rental inventory owned by you? Please provide a copy of the	e waiver/release each renter?	form you	ı will be u	sing.	
Pro-	Please provide a copy of the specific operating instructions provided to	e waiver/release each renter? of the operatin	form you	ı will be u	sing.	
Are	Please provide a copy of the specific operating instructions provide a copy If yes, please provide a copy	e waiver/release each renter? of the operation ect to:	form you Ye	s []	sing. No vided.	
2 Are	Please provide a copy of the specific operating instructions provided to If yes, please provide a copy What are the specific restrictions with resp	e waiver/release each renter? of the operation ect to: earticipants for ea	form you Ye g instruct	s []	sing. No vided.	
Are	Please provide a copy of the specific operating instructions provided to If yes, please provide a copy What are the specific restrictions with resp Maximum and Minimum allowed age of p	e waiver/release each renter? of the operation ect to: earticipants for ea	form you Ye g instruct	s []	sing. No vided.	
Are	Please provide a copy of the specific operating instructions provided to If yes, please provide a copy What are the specific restrictions with resp Maximum and Minimum allowed age of p	e waiver/release each renter? of the operation ect to: earticipants for ea	form you Ye g instruct	s	sing. No vided. ndicate:	
Are	Please provide a copy of the specific operating instructions provided to If yes, please provide a copy What are the specific restrictions with resp Maximum and Minimum allowed age of p	e waiver/release each renter? of the operation ect to: earticipants for ea	form you Ye g instruct	s :ions prov	sing. No vided. ndicate:	
Are a)	Please provide a copy of the specific operating instructions provided to If yes, please provide a copy What are the specific restrictions with resp Maximum and Minimum allowed age of p (NOTE: Maximum age cannot be more the	e waiver/release each renter? of the operation eect to: earticipants for each an 13 years old)	form you Ye g instruct	s :ions prov	sing. No vided. ndicate:	
Are Are b)	Please provide a copy of the specific operating instructions provided to If yes, please provide a copy What are the specific restrictions with resp Maximum and Minimum allowed age of p (NOTE: Maximum age cannot be more the	e waiver/release each renter? of the operation eect to: earticipants for each an 13 years old) device at one tir list of all inflatab	form you Ye g instruct ach device	will be u s tions prov , please in Minimum Maximum	sing. No vided. ndicate:	



	f)	Wh	o 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):					
2.1	4							
			keep a first aid kit on site when you are supervising the n of the device?	Yes		No		
2.1	5							
	a)		Public/Commercial Events, do you or your employee(s) y in attendance and supervise the unit?	Yes		No		
	If n	o, ple	ease provide details.					
	b)	dev	Private parties, is it part of your rental agreement that the rice be attended by a parent/adult at all times while in erations?	Yes		No		
	If n	o, ple	ease provide details.					
2.1	6							
	a)	Wh	o is responsible for the set up and take down of the inflatable	e device(s):			
	b)		vide complete details of the set up and the tie down procedusphalt surfaces:	res for b	oth sod	/ dirt and	d concr	ete



2.1 <u>/</u>	If any of your operations are at an indoor venue(s), please advis	se:			
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 device is secured:	e of unde	lying sur	face and	d how the
d)	Percentage split between: Roof: (feet)	Wa	llo		(foot)
	Roof: (feet)	VVa	115.		(feet)
2.18					
	you sell or will you include with the rental any food, novelties or thday bags?	Yes		No	
	ves, please describe:				
2.19	If you are operating out of a permanent or semi-permanent loca	tion:			
a)	Will parental supervision or a parental presence be required at all times?			No	
If r	no, please explain:				
b)	Does the operator provide a child drop-off service?	Yes		No	
	ves, please explain:	. 60			Ш



	eration involve any event plann	ning operations other	Yes		No	
	able bounce rentals?		100		110	Ш
If yes, please	explain.					
1						
Does your org	panization engage in any other	activities or operations	Yes		No	
	ne Legal entity?		162		INO	Ш
If yes, please	explain:					
2 List all ent	ities requiring Additional Insure	ed status on your policy:				
Name	Mailing Address	Reason for Additional Insured Status	(Certificate Red	of Insu quired?	rance
			Yes		No	
			Yes		No	
			Yes		No	
			Yes		No	
			Yes		No	
3 Gross Red	ceipts – Include a copy of the I	nsured's most recent fina	ancial s	tatement i	f availal	ble.
Gross Receipt	ts	Actual Last Year		Anticipa	ated Cor	ming Y
Inflatable Dev	ice Rentals:	\$		\$		
Food and Novelties (Describe below) Other (Describe below)		\$	\$			
		\$		\$		
Total Receipt	ts:	\$		\$		
				•		
Other:						



2.2	4			
	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:			
2.2	5			
	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

	ease provide details of all claims against the Applicant during the past five years. Claims are quired to be on Insurer Loss Reports. (Please use additional sheet if necessary.):
	and to be on modern 2000 reporter (r reads and administration in reconstary).
Are yo agains	u aware of any other incidents which may result in claims t you? Yes No
If yes,	please give details:
nportan	at 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 L	imit	\$
Personal Injury Limit		\$
Tenants Legal Liability Limit		\$
Medical Expense Limit - Per Occurrence/Per F	Person	\$
Non-Owned Automobile Limit:		
-	Liability	\$
-	Physical Damage	\$
Employee Benefits Limit		\$
Employers Liability Limit		\$
Advertising Injury Limit		\$
Other:		\$



Section 5: 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 6: Additional Information

Additional Information:



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 statue 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