

# Inflatable Bounce Operators Application

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## 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 _____ to _____ (effective date) (expiry date)
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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 Facility (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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



f) Who are your clients:		
i. Private Parties Only		<input type="checkbox"/>
ii. Public/Commercial Events Only		<input type="checkbox"/>
iii. Private Parties and Public Events		<input type="checkbox"/>
Percentage of each:		
Private Parties Only	_____	%
Public / Commercial Events Only	_____	%
iv. Other (specify):		<input type="checkbox"/>

2.14

Do you keep a first aid kit on site when you are supervising the operation of the device?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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2.15

a) For Public/Commercial Events, do you or your employee(s) stay in attendance and supervise the unit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	
If no, please explain:						
b)	Does the operator provide a child drop-off service?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:						

2.20

Does your operation involve any event planning operations other than the inflatable bounce rentals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain:		

2.21

Does your organization engage in any other activities or operations under this same Legal entity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	
			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 <input type="checkbox"/>

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)	\$	\$
<b>Total Receipts:</b>	<b>\$</b>	<b>\$</b>

Other:

2.24

Does applicant presently carry insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, who is present insurer? _____				
Is present insurance Claims Made?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, state retro date:				

2.25

Are they willing to renew?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please explain: _____ _____				
Does the policy cover all operations of the Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please describe: _____ _____				





**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:		\$

**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 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.

<input type="checkbox"/>	Pre Rental Checklist – Inspection Form
<input type="checkbox"/>	Inspection & Maintenance Log Form
<input type="checkbox"/>	Sample of a Waiver of Liability/Release Form
<input type="checkbox"/>	Sample of a Rental Agreement with Hold Harmless and Indemnification Agreement