

TRAMPOLINE PARKS APPLICATION

SUBMISSION REQUIREMENTS:

- Completed ACORD Application for all submitted lines
- 5 Years Currently Valued Loss Runs for all submitted lines
- Facility Diagram with Pictures of Devices including Signage
- Schedule of Attractions
- Copy of Waivers and Releases
- Copy of Court Rules and Safety Guide
- Facility Lease Agreement (if building rented/leased)
- Copy of Employee Training Manual
- Court Maintenance Program
- Operating Instructions for Each Device

GENERAL INFORMATION

Full Named Insured:						
Mailing Address:	City:		State:	Zip:		
Physical Address:	City:		State:	Zip:		
Entity Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:	
Email:	Phone:					
Year Established:	In business under current management since:					
Is operation part of a franchise?*				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>*If yes, what is the franchise name?</i>						
Facility is:				<input type="checkbox"/> Owned <input type="checkbox"/> Leased		
Is a safety manager on premises at all times the facility is open?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Applicant have a formal safety training program for employees in place?				<input type="checkbox"/> Yes <input type="checkbox"/> No		

EXPOSURE INFORMATION

<i>Provide number of:</i>		
	Upcoming Year	Prior Year
Annual Admissions		
Employees – Full-Time		
Employees – Part-Time		

Provide estimated receipts:		
	Upcoming Year	Prior Year
Admissions Fees	\$	\$
Birthday Party and Special Events	\$	\$
Arcade/Game	\$	\$
Food/Beverage (excl Liquor)	\$	\$
Gift Shop	\$	\$
Liquor	\$	\$
Other Receipts*	\$	\$
Total Gross Receipts	\$	\$
<i>*If Other Receipts, describe:</i>		
Admission Cost:		
Adult: \$	Child: \$	Discount: \$
Total Park Square Footage:		Total Parking Acreage:
Venue Capacity: <i>persons</i>		Hours of Operation: to

TRAMPOLINE PARK OPERATIONS

Are you a current member of the IATP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are ALL participants required to sign waivers (Please provide a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are legal guardians required to sign waivers on behalf of all minors under 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are ALL participants required to watch a safety video?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are rules and instructions given to jumpers prior to each session? <i>*if yes, how are instructions given: <input type="checkbox"/> Verbally <input type="checkbox"/> Video <input type="checkbox"/> Written <input type="checkbox"/> Other</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is the trampoline manufacturer?	
Who installed the Trampolines?	
Is assumption of risk signage present?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, describe type, location and provide photos:</i>	
Is there redundant netting under all jump surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is barrier netting at the top of all platform barriers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do ALL Attractions, Equipment and Fencing meet ASTM Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do trampolines meet ASTM standards (NFP701, ASTM F1159, F2370 & F2375)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the distance from floor to trampoline?	
Ratio of monitors to participants:	
Are there any apparatus hanging from the ceiling in the jumping area?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, what is the distance from apparatus to jumping area?</i>	
Are participants separated by: <input type="checkbox"/> Age <input type="checkbox"/> Weight <input type="checkbox"/> Height <input type="checkbox"/> Other <input type="checkbox"/> None	
What is the minimum age of participants?	
Are patron responsibility signs posted at your facility and at the entrance to each attraction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are grip socks required to be worn by all jumpers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What type of surveillance/camera system does the park have?	
How many surveillance cameras does the park have?	
Does surveillance camera system capture 100% of the park including waiver stations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long are video recordings stored?	
Do you provide "low light jumping," "glow," or "cosmic jumping?"	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are competitive jump lessons taught?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there performance trampolines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any airbags?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, do you have a system in place that provides an alarm for unintended deflation and provides a backup inflation element?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have lock-ins or any similar program that allows overnight stays?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, describe:</i>	
Are all basketballs and dodgeballs stored away when not in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are basketball dunk lanes separated by netting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all attractions at the park:	
Describe how injuries and medical emergencies are handled and who handles:	

FACILITY INFORMATION

Any storage, treating, discharging, applying, disposing, or transporting hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any operations sold, acquired, or discontinued in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are any structural alterations or demolitions contemplated?*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>*If so, please advise:</i>				
Machinery, equipment, or attractions rented to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Swimming pool(s) and/or water attractions on premises?*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>*If so, complete Waterparks Supplemental Application.</i>				
Any special events scheduled throughout the year?*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>*If yes, provide a schedule.</i>				
Advise who is responsible for the following:				
	Applicant	Facility Owner	Subcontractor	N/A
Building Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflatables/Amusements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merchandise/Gift Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Answer the following with regards to contracts and certificates of insurance with subcontractors and vendors:</i>				
	Applicant	Sub/Tenant	Mutual	N/A
a. Hold Harmless/Indemnification wording is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Additional Insured status is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. COI showing at least \$1M liability limit required by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIFE SAFETY

Is there cooking on premises? <i>*If yes, answer the following questions.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the cooking area, hood and duct system protected by a fire extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a written agreement in place for grease removal, hood, duct, and filter cleaning with an outside company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is the hood and duct serviced? <input type="checkbox"/> Annually <input type="checkbox"/> Every 6 months <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (explain): Date Last Serviced:	
Is smoking permitted inside the casino/card room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate any Fire Protection in place: <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinklered Facility <input type="checkbox"/> Alarm-Central Station <input type="checkbox"/> Alarm-Local	
Central station burglar alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Closed-circuit surveillance cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any medical facilities provided?*	
<i>*If yes, who provides?</i> <input type="checkbox"/> City Paramedics <input type="checkbox"/> Venue Staff <input type="checkbox"/> Contracted Service	
<i>*If Contracted Service, are COIs obtained listing Applicant as an AI?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>*Is there a registered nurse, EMT, paramedic, or doctor on premises at all times when open?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>* Is an ambulance kept on site?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance to nearest hospital:	
Does Applicant have at least one (1) Automated External Defibrillator?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are staff members trained to use it?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of employees certified in CPR and First Aid:	
Are all walkways clear, free of trip/fall hazards, and well-lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all curbs, steps, and ledges highlighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility comply with standards set by Americans with Disabilities Act (ADA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have backup emergency lighting and/or emergency generators in the event of a power failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evacuation/egress plan arranged with civil authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have an emergency evacuation plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are evacuation procedures and floor plans posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exits clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are parking lots well-lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant comply with all local, state, building, concession, and sanitary codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there radio communication between all supervisory staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ATTRACTION SAFETY

Do all attraction signs comply with manufacturer recommendations with regard to age, height, and exit requirements; prohibited items; and passenger requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does or has Applicant ever manufactured or retrofitted any attractions?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, provide a list of all such attractions and the changes made.</i>	
Are rides inspected daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an inspection log maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there periodic inspections required by state inspectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are maintenance manuals for all attractions kept on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a qualified maintenance person/team on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an on-site maintenance shop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all attractions supervised by an attendant during all hours of operation?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If no, please explain:</i>	
Do all ride attendants receive proper training and adhere to the correct operation and safety features of all attractions in which they operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECURITY

If Applicant uses security, complete the following section.

Is there a written training/safety manual in place?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are all individuals who work in a security capacity required to provide written acknowledgment of the manual's policies?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who is responsible for security? <input type="checkbox"/> Employees <input type="checkbox"/> Contracted Service/3 rd Party Security Company <input type="checkbox"/> Police	
If Applicant uses <u>Employed Security</u> , advise training and/or licensing requirements: Does Applicant perform background checks on all employed security? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please advise:</i>	
If Applicant uses <u>Contracted Service/Security Company</u> , what limit of liability does the Applicant require? \$ Is the Security Company required to name Applicant as an AI and provide COI? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the security contract require the Security Company to hold Applicant harmless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Security Armed?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, does Applicant and/or third party perform background checks on all armed security?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate any other equipment carried or routinely available to security personnel: <input type="checkbox"/> Dogs <input type="checkbox"/> Flashlights <input type="checkbox"/> Handcuffs <input type="checkbox"/> Nightstick <input type="checkbox"/> Taser/Phaser <input type="checkbox"/> Other (explain):	
Advise maximum security-to-patron ratio:	
Advise when and for what purposes security is used (ex: 24/7, during all operating hours, weekends, etc.):	

ABUSE OR MOLESTATION

If Abuse or Molestation coverage is requested, please complete the following section.

Does Applicant have custodial responsibility of minors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant conduct any overnight operations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Identify the following hiring practices in place:</i>		
Employment applications required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Reference Checks required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Criminal & Sexual Offender records checked for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
In-Person Interview required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Do any current staff or volunteers have any prior abuse or sexual convictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a formal, written Abuse Prevention Program in place?*		<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, provide a copy.		
*If yes, does it include a supervision plan to monitor staff in day-to-day relationships with patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Applicant ever had an incident which resulted in an allegation of sexual abuse or molestation?		<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMERCIAL AUTO/HIRED & NON-OWNED AUTO

If Commercial Auto and/or Hired & Non-Owned Auto (HNOA) coverage is requested, please complete the following section.

Does Applicant have any owned vehicles?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant allow employees to use their own personal vehicles for business purposes?*		<input type="checkbox"/> Yes <input type="checkbox"/> No
* If yes, how many?		
* If yes, how often?		
Does Applicant confirm all employees driving on its behalf carry at least state minimum personal auto liability limits?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does Applicant rent/lease vehicles to others?*		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
*If Yes, provide a List of Vehicles rented and a copy of the rental contract used.		
If HNOA is requested, please provide the following:		
Annual Cost of Hire: \$	Confirm Driver MVRs are screened: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

LOSS INFORMATION

Please explain any losses over \$25,000 (use an additional sheet if necessary).

1.
2.
3.



THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Signature of Insured

Title

Click or tap to enter a date.

Date