



APPLICATION FOR: Adventure and Trampoline Center

Email: info@IATPinsurance.com

Notice: The Policy for which this Application is made, subject to its terms, applies only to any Claim (as applicable in the Coverage Section for which Application is made) made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Costs, Charges and Expenses (as defined in the Coverage Section for which Application is made), and Costs, Charges and Expenses shall be applied to the retentions. Submission of this Application does not guarantee coverage.

SECTION I. SUBMISSION REQUIREMENTS

- Completed & Signed Supplemental and ACORD 125 & 126 Applications
- 5 Years Loss Runs - Currently valued
- Copy of current waivers
- Copy of Employee Training, Safety, and Maintenance Manuals
- Copy of Daily Maintenance Checklist/Logs
- Website information, brochures and/or photos, of each attraction
- Copy of any existing State Certifications and/or Inspections
- Ownership Breakdown, Experience and/or Resume
- Certificate of Insurance from any Sub Contractor and/or Independent Contractor
- Copy of all agreements including Lease Agreements, Subcontractor Agreements, etc.

SECTION II. GENERAL INFORMATION

Contact Person: _____ Contact Person Title: _____

Phone No.: _____ Fax No.: _____

Email: _____ Website: _____

Name of Insured ("Applicant"): _____

DBA _____ Insured is Corp LLC Other: _____

Mailing Address: _____

City, State, Zip: _____

Premises Address: _____

City, State, Zip: _____

Is the proposed insured a subsidiary of another company? Yes No

If yes, name of parent company _____

Does facility comply with ADA Requirements? Yes No

Size of facility: Square Footage: Indoor _____ Outdoor _____ Acreage _____

Number of years in business _____ Number of years under current management _____

Have you used any Amusement Facility Consultant? Yes No

If yes, who? _____

Proposed Effective Date _____ Expiration Date _____

Prior Insurance Carrier _____ Has insurance ever been canceled? Yes No

What is your expiring premium for General Liability? _____ Excess? _____

Limits requested? _____

What associations do you belong to? _____

Hours of operation: _____ Operating Season: _____

Are you aware of any circumstances that may result in a claim made against you? Yes No

If yes, please describe: _____

SECTION III. PREMISES INFORMATION

Do you own or lease premises? _____ Other occupancies _____

Describe parking facilities - location, lighted, sloped, etc. _____

Describe type of security (armed/unarmed) for parking, facility, etc. _____

If hired security, is Certificate of Insurance provided naming you as an additional insured? Yes No

If security is in-house, what type of training is provided? _____

Is Assumption of Risk signage present? Yes No

If yes, describe type, location and provide photos: _____

Are waivers signed for any of the attractions? Yes No

If yes, which attractions? _____

Number of surveillance cameras: Inside _____ Outside _____ Total _____

Type of surveillance system: _____ How long is video stored? _____

Does surveillance capture all elements in the facility including waiver signing? Yes No

Number of employees certified in CPR & First Aid _____

Is there at least one employee, certified in CPR and First Aid, present at all times? Yes No

Describe medical facilities provided: _____

Describe how injuries and medical emergencies are handled and by whom? _____

Are there any employed nurses or physicians? Yes No

Are there any programs that allow overnight stays? Yes No

If yes, describe _____

Any operations sold, acquired or discontinued in the last 5 years? Yes No

Any storage, disposing, discharging or transporting of hazardous materials? Yes No

If yes, describe: _____

Do ALL Attractions, Equipment and Fencing meet ASTM standards? Yes No

Do you sponsor any sporting, competitions or social events? Yes No

If yes, explain: _____

Do you host any special and/or live events? Yes No

If yes, describe: _____

Do you have any interest in Active Shooter coverage? Yes No

SECTION IV. FINANCIAL INFORMATION **Must provide current Financial Statement to verify receipts**

A. ATTRACTION INFORMATION: GROSS ANNUAL RECEIPTS (Current and Next Year Estimated)

Total Gross Receipts _____ Average Annual # of Attendance _____

Attraction	Last Year's Receipts	This Year's Receipts (Estimated)
Trampolines		
Ninja Course		
Rock/Climbing Wall		
Zip Lines/Ropes Course		
Laser Tag/Soft Play		
Inflatables		
Go-Karts		
Arcade/Simulators/VR		
Other Attractions		
Food/Merchandise		
Liquor		
Other:		

PLEASE NOTE: Our policy is a "scheduled" policy meaning that all attractions to be covered under the policy must be listed on our policy. Please list/provide any other attractions not listed above: _____

SECTION V. OPERATIONS

A. TRAMPOLINES

Who is the manufacturer? _____ Who installed the trampolines? _____

Who provides maintenance of trampolines/facility? _____

How often are the trampolines inspected? _____

What is the distance from floor to trampoline? _____ Ratio of monitors to participants: _____

Is there redundant netting under all jump surfaces? Yes No

Is barrier netting at the top of all platform barriers? Yes No

Are there any hanging apparatus from the ceiling in the jumping area? Yes No

If yes, what is the distance from apparatus to jumping area? _____

Describe signage for rules/assumption of risk: _____

Who developed/designed the content of the Assumption of Risk signage? _____

Describe the formal employee training program (e.g. length of training, rules, monitoring, incident reports, etc.): _____

Do trampolines meet ASTM standards (NFP701, ASTM F1159, F2370 & F2375)? Yes No

Is the Insured a member of IATP (**International Adventure and Trampoline Park Association**)? Yes No

Are parents or legal guardians required to sign waivers on behalf of all minors? Yes No

Is there a formal incident reporting and follow-up procedure in place? Yes No

If yes, please describe: _____

Have any of the attractions been modified from manufacturer specifications? Yes No

If yes, please explain: _____

What is the minimum age of participants? _____

Are participants separated by age and/or jumping experience? Yes No

If yes, describe how it is controlled: _____

Are any classes or lessons provided (e.g. jump or fitness instruction)? Yes No

If yes, please describe: _____

Are competitive jump lessons taught? Yes No

Are there performance trampolines? Yes No

Is there a "stunt jump?" Yes No

Do you keep a log of all maintenance? Yes No

Do you provide "low light jumping," "glow," or "cosmic jumping?" Yes No

If yes, do you prevent participants from flipping in low light conditions? Yes No

Do you allow people to jump who are not paying customers and who have not signed a waiver and been provided rules of participation? Yes No

Describe any elements or devices not listed on this application (such as Mechanical Bull, Wipe Out, Meltdown, Trapeze, Battle Beam, and/or Slack Line): _____

B. ROCK CLIMBING N/A

Who is the manufacturer? _____ Who installed Walls? _____

Are participants allowed to climb on their own? Yes No

Number of walls _____ What is the height of the Bouldering/Traversing wall? _____

Are spotters required? Yes No

How are participants checked in? _____

Does rock wall meet all CWIG (Climbing Wall Industry Group) standards? Yes No

What type of safety equipment is used? _____

Describe the belay system: _____

Describe Safety Inspection policy for wall, hardware, equipment and rental gear: _____

Who is responsible for maintenance inspections? _____

How often are inspections done? _____

Describe employee training procedures? _____

What type of assumption of risk signs (indicating age, size, height, rules, etc.)? _____

Type of instructions given: Verbal Video loop Recorded message Written

Describe landing surface – thickness, makeup, extent of fall protection: _____

How many attendants are stationed at each rock wall? _____

C. NINJA COURSE N/A

Who is the manufacturer? _____

Ratio of monitors to participants: _____ Is a monitor present at all times? Yes No

Minimum age: _____ Minimum height: _____ Maximum number of participants: _____

Square footage of course: _____

Type of instructions given: Verbal Video loop Recorded message Written

Describe Rules/Warnings/Assumption of Risk signage: _____

Is there a Salmon Ladder obstacle? Yes No Is there a Warp Wall obstacle? Yes No

List the different type of obstacles/elements: _____

Is the course: Ground level Elevated Multi-level

Describe padding and safety netting system below the obstacles: _____

Is the course separated into child and adult level of difficulty? Yes No

Do you repair OR modify equipment? Yes No

If yes, describe modifications: _____

How often do you inspect equipment? _____ Is there a maintenance log kept? Yes No

Are surveillance cameras able to see all elements of the course? Yes No

D. INFLATABLES N/A

Who is the manufacturer? _____ Number of inflatables _____

Number of inflatables off premises: _____ Number of indoor inflatables: _____

Type of flooring in inflatable area: _____ Number of outdoor inflatables: _____

How are they anchored/secured/tied down?: _____

Describe each inflatable: _____

Who is responsible for inspections? _____

How often are inflatables inspected? _____

***Provide inspection/maintenance procedures.**

Is each inflatable manned by an attendant/operator? Yes No

Describe training: _____

Describe signage: _____

Describe controls to prevent double bouncing and when participants with different sizes / abilities are grouped together: _____

Type of instructions given: Verbal Video loop Recorded message Written

E. ARCADES N/A

Number of machines _____ Any coin-operated rides? Yes No

If yes, how many? _____

Any ride simulators or interactive games? Yes No

If yes, describe and list: _____

Are machines grounded properly? Yes No

Are machines owned or leased? ***If leased, provide agreement.** Owned Leased

Who provides maintenance/service on machines? _____

How many attendants are present in arcade area? _____

F. RESTAURANT/SNACK BAR N/A

Restaurant exposure: Full-Service Snack Bar Lessor's Risk Square foot? _____

Is food area lease/subcontracted out? Yes No

If leased, does insured receive COI from sub contractor listing them as an additional insured? Yes No

***If yes, provide contract.**

Are alcoholic beverages sold on premises (e.g. beer, wine, liquor)? Yes No

Are portable fire extinguishers provided in kitchen? Yes No

Who is responsible for cleaning hoods and ducts? _____ How often? _____

Are cleaning records kept? Yes No

Number of each: Deep Fryers: _____ Ovens: _____ Grills: _____ Broilers: _____ Ranges: _____

Describe maintenance/inspections procedures: _____

Have there been any issues with State Inspections? Yes No

If yes, explain: _____

G. CHILD CARE/CHILD DROP-OFF/LOCK-INS N/A

What is the maximum number of children dropped off/left in your care at one time? _____

What is the ratio of monitors to children left in your care? _____ What is the minimum age of a child left in your care? _____

What are the maximum hours per day that a child may be in your care? _____

What type of system do you have in place for checking in/out children when they arrive and depart? _____

Do you have written training/safety procedures including performing background checks on employees or volunteers in charge of drop-off service? Yes No
***If yes, provide a copy.**

Briefly describe the programs you offer for children to be dropped off and supervised by employees: _____

H. HIRED AND NON-OWNED N/A

Do you have a Business Auto Policy for owned autos? Yes No

If yes, **NOTE – Coverage should be placed under your Auto Carrier.**

Does insured allow employees/volunteers to use their personal vehicles for business purposes? Yes No

If yes, how often? _____

Total number of Employees: _____ Total number of Volunteers: _____

Does insured obtain Motor Vehicle Reports? Yes No If yes, how often? _____

What are the auto minimum limits the insured requires of their employees/volunteers? _____

How often does insured lease, borrow or hire any vehicles for business? _____

What type of vehicles are used and for what purposes? _____

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

Submitted by: _____
(Agent)

Applicant Signature: _____

Date: _____

Name: _____
(Please Print)

Title: _____

Date: _____

APPLICATION for: **Abuse and Molestation Insurance**

Notice: The Policy for which this Application is made, subject to its terms, applies only to any Claim (as applicable in the Coverage Section for which Application is made) made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Costs, Charges and Expenses (as defined in the Coverage Section for which Application is made), and Costs, Charges and Expenses shall be applied to the retentions. Submission of this Application does not guarantee coverage.

General Instructions for completing this Application:

1. The Application must be signed by an executive officer.
2. This Application and all exhibits shall be used for purposes of this coverage only.
3. The terms as used herein shall have the meanings as defined in the Policy.

SECTION I. INSURANCE: LIMITS REQUESTED AND PRIOR INFORMATION

1. **Sexual Abuse**

EACH INCIDENT LIMIT: \$ _____ AGGREGATE LIMIT: \$ _____

2. Previous insurance carrier: _____ Premium: \$ _____

3. Have you had any losses or claims? Yes No

If "Yes", please explain: _____

If available, please provide three (3) years loss runs. If not available, please explain: _____

SECTION II. UNDERWRITING INFORMATION:

1. Description of Operations: _____

2. Location Name: _____

Address: _____

City, State, Zip: _____

Insured Email Address: _____

3. Staff Breakdown:

a. Total Staff Count: _____

b. Total number with direct client contact: _____

c. Annual Turnover Rate: _____

4. Check which of the following methods are used in the screening and hiring process for employees and volunteers:

Loss Prevention Methods	Employees	Volunteers
Standard Employment Application?		
Face to face interview?		
Reference Checks?		
Criminal background checks?		
Abuse registry check?		

5. Do you have written procedures in place for screening employees and volunteers? Yes No

6. Do you have a written policy in place for prevention of abuse and molestation? Yes No

If "Yes", please provide a copy

7. Do you have an anti-bullying program?

Yes No

If "Yes", please provide a copy

8. Do you have a formal training program for abuse and molestation and anti-bullying?

Yes No

a. Do you keep records of training?

Yes No

b. How long are records kept? _____

c. Describe you incident reporting procedures: _____

9. Attendance: Per day: _____ Total: _____

10. Average age of attendees: _____

11. Attendance & Participants:

Participant Breakdown (#):

Staff & Volunteers: _____ (total)

12 & under: _____

Participants/Athletics: _____ (total)

Age 13-15: _____

Spectators: _____ (total)

Age 16-18: _____

Scheduled Event Days: _____ (total)

Adults: _____

12. Does your organization have any of the following exposures for minors:

a. Overnight Travel:

Yes No

If yes, please describe: _____

b. Overnight accommodations:

Yes No

If yes, please describe: _____

c. Campgrounds:

Yes No

If yes, please describe: _____

d. Daycare:

Yes No

If yes, please describe: _____

e. Personal care of minors (bathing, changing clothes, toileting):

Yes No

If yes, please describe: _____

f. Other: _____

13. For overnight activities, please describe what steps are taken to ensure that client-to-client contact is avoided, i.e. separating male from female sleeping quarters: _____

14. Describe the procedures your organization has in place to monitor and supervise employees and volunteers having custody of children including policies in place for overnight travel: _____

15. Is the applicant aware of any facts, incidents, circumstances or allegations that may result in claims being made against you? Yes No

If "Yes", please provide details on a separate sheet of paper.

16. Has the applicants, any employee or any volunteer currently seeking coverage been involved in an allegation or claim relating to abuse (sexual or other) or molestation? Yes No

If "Yes", please provide details on a separate sheet of paper.

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

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Submitted by: _____
(Agent)

Date: _____

Applicant Signature: _____

Name: _____
(Please Print)

Title: _____

Date: _____