



## APPLICATION FOR: Amusement – Trampoline Center

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**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 Alive Risk 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 Association of Trampoline Parks)? ☐ 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? \_\_\_\_\_

**\*If yes, provide a copy.**

☐ Yes ☐ No

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, borrower 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: \_\_\_\_\_

## SCHEDULE OF ATTRACTIONS

[illegible]

Alive Risk is a trademark of RSG National Specialty Programs, which is a unit of the RSG Underwriting Managers division of RSG Specialty, LLC, a Delaware limited liability company based in Illinois. RSG Specialty, LLC, is a subsidiary of Ryan Specialty Group, LLC (RSG). Alive Risk and the other RSG National Specialty Programs are managed by thirty-year industry veteran Chris McGovern. Alive Risk works directly with brokers, agents and insurance carriers, and as such does not solicit insurance from the public. Some products may only be available in certain states, and some products may only be available from surplus lines insurers. In California: RSG Specialty Insurance Services, LLC (License #0G97516). ©2021 Ryan Specialty Group, LLC