

INFLATABLES

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer No.: _____ Producer's Name: _____

Producer's E-mail: _____

Detailed description of business activities (specifically, and by location):

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No
 If yes, please tell us:

Employee Name: _____
 E-Mail: _____ Business Telephone No.: () _____
 Fax: () _____ Years with Company: _____
 Employee's Responsibilities: _____

1. Insurance History

Who was your last or is your current insurance carrier? _____

Please provide Insurance Company Name(s) for all companies that providing insurance for the last three (3) years.

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$
Limits (per accident / aggregate)			

Have you ever had a claim? Yes No

Please complete a Claims and Loss History form.

Have you attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Limit of Liability:

- \$1 00,000 per accident / \$300,000 aggregate
- \$200,000 per accident / \$300,000 aggregate
- \$250,000 per accident / \$500,000 aggregate
- \$250,000 per accident / \$1,000,000 aggregate

Self Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500
 \$5,000 \$10,000

3. Business Activities

1. Length of season: _____
2. Describe all activities for which coverage is being requested: _____

Activities which are not identified and for which no coverage charge has been made are excluded. Some activities will need to be further described in the supplemental questionnaires.

3. Equipment:

- a. Who is the manufacturer of inflatables being used? _____
- b. How often are inflatables checked and inspected? _____
- c. Do you keep a maintenance or inspection log? _____
- d. Who is responsible for inspections? _____
- e. Provide a list of the inflatables and/or games in your operation. (Attach brochure or pictures): _____

4. Risk Management:

- a. Do you use a liability release waiver or a rental contract? Yes No
 If yes, please attach a copy
- b. Do you have a rental checklist that is reviewed with rental customer? Yes No
- c. What are age requirements for use? _____

5. Gross Receipts:

Inflatable Rentals (non-supervised) *	\$
Inflatable Rental (with supervision) *	\$
Other (please describe):	\$
Other (please describe):	\$

* Supervision implies that you or your employees man and supervise inflatables

6. Checklist of Enclosures:

- Brochure
- Liability Waiver (if used)
- Staff Manual (Optional)
- Personnel Roster
- First Aid Kit List
- Advertising Materials
- Operating plan, procedural manual (optional)
- Emergency Plan
- Registration Form

Important: Not everyone will have all these items. Not all these items are essential, some are. The Association will work with you to develop the required materials that you may not have.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage-, (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued, (iii) the submission of an application or the payment of any

premium does not obligate the Insurer to quote, bind, or provide insurance coverage-, and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a sub-limit of liability for certain exposures, (ii) quote certain coverage with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy period, may cause the per Accident Limit and/or the annual aggregate maximum Limit to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum coverage payable may be exhausted by any Accident or combination of Accidents that may occur during the Policy period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in Limits. The Insured herein assumes the sole and individual responsibility to evaluate, consider and initiate a request for additional coverage or reinstatement of the annual aggregate Limit which may be exhausted by any single Accident or combination of Accidents during the Policy period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name