



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

TRAMPOLINE OR INFLATABLES SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:		Agency/Agent:	
Renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Policy Number:
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Retroactive date:			

Please attach copies of the following:

- Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- Applicant's brochure or marketing materials if a website is not available
- Site schematics or course maps, if applicable

3)

What are your operations? Check all that apply:

- Trampoline Park or Gymnasium
- Bungee Assisted Trampoline Amusement Operations – Outdoors
- Bungee Assisted Trampoline Amusement Operations – Indoors
- Bungee Assisted Trampoline Rentals – Outdoors
- Bungee Assisted Trampoline Rentals – Indoors
- Inflatables Park – Outdoors – Obstacle or Challenge Courses
- Inflatables Park – Outdoors – Bounce Castles, Slides, and General Entertainment
- Inflatables Park – Indoors – Obstacle or Challenge Courses
- Inflatables Park – Indoors – Bounce Castles, Slides, and General Entertainment
- Inflatables Park – Floating/Water Park
- Inflatables Rentals – Obstacle or Challenge Courses
- Inflatables Rentals – Bounce Castles, Slides, and General Entertainment
- Inflatables Rentals – Floating/Water Park

4)

What are your projected receipts for the coming year? \$ _____

- 5) Are you subject to any state or local licensing or regulation? Yes No
 a. If yes, list regulations/licenses: _____

- 6) How many years have you been in operation? _____
- 7) Do you run criminal background checks on all employees? Yes No
 a. Are past convictions for violent crimes or sexual offenses exclusionary criteria for hiring? Yes No
 b. What is the minimum age for employment? _____
- 8) Does your operation have any age restrictions for participants? Yes No
 a. If yes, what is the minimum age? _____
 b. Do you require parents or guardians to remain present for participants under 10 years of age? Yes No
- 9) Are all participants required to sign a waiver absolving you of all liability for bodily injury? Yes No
- 10) Do you keep a written log of accident and incidents? Yes No
 a. How long are these records maintained? _____
- 11) If you are renting equipment, does an employee or subcontracted worker hired by you remain on premise to operate or monitor equipment? Yes No
- 12) How frequently is equipment sanitized? _____
- 13) How frequently is equipment inspected? _____
- 14) Do you have any after school or childcare operations? Yes No
 a. What is the minimum age for childcare? _____
 b. What is the maximum number of children under the supervision of a single employee at one time? _____
 c. Do you pick up children from school campuses directly? Yes No
 d. If no to c., how far is the bus stop from your location? _____
 e. Does an employee meet children at the bus stop? Yes No
- 15) Do you have a locker room or showers available at your facility? Yes No
 a. If yes, are locker rooms separated by gender? Yes No
 b. Is an employee of each gender on duty during all times when locker rooms or showers may be in use? Yes No

TRAMPOLINES *(Complete only if you have trampoline related operations)*

- 16) What kind of safeguards are in place to prevent accidental falls off of the trampoline? _____

- 17) Are all of your trampolines springless? Yes No
- 18) What is the maximum weight capacity of your lightest accommodation trampoline? _____
- 19) Do you have any trampolines with string or web type beds? Yes No
 a. If yes, are these trampolines adult use only? Yes No
 b. What is the ground clearance underneath all string or web bed units? _____
- 20) How frequently are beds replaced? _____
- 21) How frequently are springs or bungees replaced? _____

- 22) Do you provide or host trampoline aerobics/jump fitness classes? Yes No
 a. If yes, are instructors your employees? Yes No
 b. Do you have any classes for Seniors or the physically disabled? Yes No
- 23) Are participants permitted to do flips, aerial tumbling, or jumps between or off of trampolines? Yes No
- 24) Please complete the following if you have trampoline park/gym party exposures:
 a. Do you provide food and beverages for parties? Yes No
 b. Do you require the host parent or guardian to remain present during the party? Yes No
 c. How many children maximum may attend a party? _____
 d. Do you require additional adult supervisors or staff over a certain number of children? Yes No
 e. If yes to d., how many? _____
 f. Do you limit the number of children allowed on a single trampoline at one time? Yes No
 i. If yes, how many children may jump at once? _____
 g. Do you perform head counts of children before entering the facility floor and between movement to different activities? Yes No

INFLATABLES *(Complete only if you have inflatable related operations)*

- 25) If you are operating or renting outdoor inflatables, are inflatables immediately evacuated in the event of wind? Yes No
- 26) Please describe anchoring method: _____

- 27) How many of your units were manufactured prior to 2020? _____
 a. 2018? _____
 b. Do all of your units meet ASTM F2374-20? Yes No
 c. If no, do they meet ASTM F2374-17? Yes No
- 28) If you operate or rent obstacle or challenge courses, are children under the age of 16 permitted to run the course? Yes No
 a. If yes, are children under the age of 10 required to have a parent or guardian spot them on the course? Yes No
- 29) Do you have any units with mechanically moving parts, including but not limited to "wipeout" style units, spinning platforms, or launchers? Yes No
- 30) Do you have any gladiator equipment? Yes No
 a. If yes, do you require opponents to be of similar age and size? Yes No
- 31) If you are renting without operators, are renters required to sign a statement warning about wind/weather hazards, entrapment hazards, and weight limitations? Yes No
 a. If yes, please attach a copy of this statement.
 b. Do you require renters to show proof of insurance for their event before equipment is released? Yes No
- 32) If you are operating a facility with childcare, how frequently are head counts performed? _____
 a. Are children separated by age? Yes No
 b. What is the maximum number of children under the supervision of a single staff member? _____

- 33) Do you provide rentals for parties where alcohol is served? Yes No
 a. If yes, do you refuse unit access to intoxicated persons? Yes No
- 34) If you are operating or renting floating inflatables, please complete the following:
 a. Do you have any inflatable trampolines? Yes No
 b. Are all participants required to wear life vests? Yes No
 c. If no to b., are all children under the age of 12 required to wear life vests? Yes No
 d. Do you have any launch bag units (where one participant is ejected from the bag into water by the landing of another participant on the opposite side)? Yes No
 e. Do you have life guards on duty at all times during operation? Yes No
 f. How many units is a lifeguard responsible for monitoring at a time? _____
- 35) Please complete the following if you have party hosting exposures:
 a. Do you provide food and beverages for parties? Yes No
 b. Do you require the host parent or guardian to remain present during the party? Yes No
 c. How many children maximum may attend a party? _____
 d. Do you require additional adult supervisors or staff over a certain number of children? Yes No
 e. If yes to d., how many? _____
 f. Do you limit the number of participants allowed on or in a unit at one time? Yes No
 i. If yes, how many participants may jump at once? _____
 g. Do you perform in and out head counts of children entering and exiting a unit? Yes No

ACCOUNT HISTORY

- 36) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. If Yes, please attach and explanation. Yes No
- 37) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, please attach an explanation. Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____