



TRAMPOLINE PARK APPLICATION

Applicant Name:

Mailing Address:

Property Name and Address :

Web Site:

Agent's Name:

Address:

Proposed Effective Date:
From: To:

12:01 A.M. Standard Time at the address of the Applicant

1. Years in business:
2. Experience of Owners/Principals:
If this is a new operation, please provide details on owners'/principals' prior experience (attach resumes):
3. Type of Trampoline:
Wall to Wall: Bungee: Stand Alone: Tramp Track:
4. Manufacturer/Brand of trampoline systems:
5. Are the trampoline systems fully compliant with ASTM and NFPA regulations:
 - a. ASTM F1159: Standard practice for design and manufacture of patron-directed amusement devices: Yes No
 - b. ASTM F2375: Standard practice for design, manufacture and installation of safety netting around tops of trampolines and foam pits: Yes No
 - c. NFPA 701: Minimum flame resistance for materials from which pads and trampolines are made: Yes No
6. Are safety signs posted at your facility and at the points of entry? Yes No
7. What is the average ratio of participants to employee supervision?
8. What is the minimum ratio of participants to employee supervision?
9. Is every participant required to sign a liability waiver? Yes No
10. Are parents or legal guardians required to sign liability waivers on behalf of all minors? Yes No
11. Was your liability waiver written or reviewed by an attorney to confirm compliance with all applicable laws and regulations in the state where your park is located? Yes No
12. What is the minimum participation age?
13. Are minors permitted to jump with parent/guardian? Yes No

14. Are participants separated by age and experience? Yes No
15. Are instructions given to jumpers prior to each session? Yes No
- a. How are they given? Verbally Video Written
16. How are employees trained?
-
17. Are background checks performed on all employees? Yes No
18. Is at least one supervisor who is trained and certified in first aid on duty at all times? Yes No
19. Is all equipment inspected prior to each jump session? Yes No
20. Do you repair trampoline equipment? Yes No
- a. Name of contractor performing repairs:
- b. Are they insured? Yes No
- c. Are certificates of general liability insurance required? Yes No
- d. Do the certificates list you as an additional insured? Yes No
- e. Do you execute written contracts with the contractor including indemnification clauses in your favor? Yes No
21. Have you modified the trampoline system? Yes No
- If yes, how?
22. Are competitive jumping lessons taught? Yes No
23. Are there devices/activities other than trampolines in the facility? (Please list i.e. rings, bars, climbing walls, basketball courts, etc):
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24. Are jumpers separated from participants of other devices/activities listed above? Yes No
25. Any apparatus hanging from ceiling in jumping area? Yes No
- If yes, complete the following:
- a. Distance from jumping area to apparatus: ft
- b. Distance from jumping area to ceiling: ft
26. Do entrances and platforms have impact-absorbing material on all surfaces within 48 inches of device frames (floor, patron barriers, banisters, rails, etc.) Yes No
27. Is barrier netting at top of all platform barriers? Yes No
28. Is barrier or gate used to prevent unauthorized access to devices? Yes No
29. Does a redundant fall-through protection device exist under all jump surfaces? Yes No
30. Is impact-absorbing matting completely covering springs and device frames? Yes No
31. Is impact-absorbing matting attached to jump surfaces and secured to device frames? Yes No
32. Total square footage of trampolines:
33. Do you own or lease the premises: Own Lease

34. Square footage of building:

35. Do you have fire alarms? Yes No

36. Do you have an automatic sprinkler system? Yes No

37. Are all building/facility exits in compliance with applicable building codes? Yes No

38. Hours of Operation: Weekdays: to Weekends: to

Will you remain open after normal business hours for overnight camps, lock-ins or similar activities? Yes No

39. Total Estimated Sales for upcoming year and prior four years:

a. Projected Sales – Upcoming Year:

b. Actual - Current Year:

c. Actual – First Prior Year:

d. Actual – Second Prior Year:

e. Actual – Third Prior Year:

40. Do you sell food or non-alcoholic beverages? Yes No

If yes, total food and non-alcoholic beverage sales (if any):

41. Do you sell or serve alcoholic beverages, or allow consumption of alcoholic beverages on your property? Yes No

42. Are child care services provided by you or others at your property? Yes No

Please note the following documents are material to completion of the questionnaire and must also be attached:

Liability Waiver

Employee Training Guide

Court Maintenance Program

Management Guide

Court Rules and Safety Guide

Business Plan

Operating Instructions for Each Device

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. 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 conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic signature of Applicant or Authorized Representative:

Title:

Current Date:

If you prefer not to return application with an electronic signature, please print and sign below.

Signature of Applicant or Authorized Representative:

Title:

Current Date: