

## TRAMPOLINE PARK APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Address:

Property Name and Address :

Proposed Effective Date:

Website:

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
--	-----	----



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   |
| Court Maintenance Program              | Guide Management    |
| Court Rules and Safety Guide Operating | Guide Business Plan |
| 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.*