

## 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

- |  |     |    |
|--|-----|----|
| 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?<br>If yes, how?   | Yes | No |
| 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):                 |     |    |
|  |     |    |
| 24. Are jumpers separated from participants of other devices/activities listed above?  | Yes | No |
| 25. Any apparatus hanging from ceiling in jumping area?<br>If yes, complete the following:   | Yes | No |
| 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   |
| Court Maintenance Program              | Guide Management    |
| Court Rules and Safety Guide Operating | Guide Business Plan |
| Instructions for Each Device           |                     |

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

**Applicable in CO:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \* Applies in FL only.

**Applicable in KS:** Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**Applicable in ME, TN, VA, and WA:** 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 and denial of insurance benefits. \*Applies in ME only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in all other 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 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 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 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:

Date:

*If you prefer not to return the questionnaire with an electronic signature, please print and sign.*