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## TRAMPOLINE

### A. 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: \_\_\_\_\_

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's Name: \_\_\_\_\_

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

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Is this a new business?  Yes  No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: \_\_\_\_\_

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: \_\_\_\_\_

**B. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

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

**C. Other Insurance**

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

**D. Desired Insurance**

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

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

**E. Business Activities**

1. Business Hours of Operation: \_\_\_\_\_

2. Do you have video surveillance cameras?  Yes  No

If yes, please describe in detail: \_\_\_\_\_

3. Does the Applicant engage in any other business operations?  Yes  No  
 If yes, please describe in detail: \_\_\_\_\_
4. What is the square footage of your location? \_\_\_\_\_
5. Are safety rules provided to all participants prior to engaging in any activity?  Yes  No  
 If yes, please describe how this is done. \_\_\_\_\_  
 \_\_\_\_\_
6. Do you post your safety and warning rules in the facility so they are visible to all participants?  Yes  No  
 Please explain and provided photos. \_\_\_\_\_  
 \_\_\_\_\_
7. Please list the number of trampolines and attach pictures with this application: \_\_\_\_\_  
 \_\_\_\_\_
8. Please describe the trampoline activities: \_\_\_\_\_  
 \_\_\_\_\_
9. Do you have a Foam Pit?  Yes  No  
 If yes, please describe all rules and safety precautions: \_\_\_\_\_  
 \_\_\_\_\_
- Are the above rules/safety precautions displayed for participants?  Yes  No
10. Does your park have a Rock Climbing Wall?  Yes  No  
 If yes, please describe all rules and safety precautions and attach pictures to this application: \_\_\_\_\_  
 \_\_\_\_\_
- Are the above rules/safety precautions displayed for participants?  Yes  No
11. Does your facility have any inflatables?  Yes  No  
 If yes, please list the number and describe each in detail: \_\_\_\_\_  
 \_\_\_\_\_
- If yes, please describe all rules and safety precautions and attach pictures to this application: \_\_\_\_\_  
 \_\_\_\_\_
12. Does your facility have a Zip Line?  Yes  No  
 If yes, please describe each (if more than one) in detail: \_\_\_\_\_  
 \_\_\_\_\_
- If yes, please describe all rules and safety precautions and attach pictures to this application: \_\_\_\_\_  
 \_\_\_\_\_
13. Do competitive leagues play at your facility?  Yes  No  
 If yes, please describe in detail: \_\_\_\_\_  
 \_\_\_\_\_
14. List all other activities taking place at this location or any of your other locations (include pictures and all rules and safety precaution): \_\_\_\_\_  
 \_\_\_\_\_

**F. Premises/Location**

1. Please include any information that adequately describes your premises, i.e. photos, brochures, and a diagram of the premises.

2. List all parties with an interest in premises:

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Tenant: \_\_\_\_\_

Address: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Address: \_\_\_\_\_

**G. Risk Management:**

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you perform maintenance and up keep on the equipment in your facility?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you keep a log of all maintenance?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you do regular checks of the premises for hazards etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes to the above question, do you keep a log of when, who, what of the checks?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a height and/or weight restriction for activities? If yes, please provide details.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you allow pregnant women to participate in activities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a medical emergency plan and procedures?

1. Please enclose resumes of your key personnel and minimum requirement for person(s) charged with safety. \_\_\_\_\_

2. Do you have a drug policy?  Yes  No If yes, please attach a copy of the policy.

3. What is the minimum age of employees?  16-18  18-21  21+

4. Do you require employee(s) to monitor all the activities in the facility?  Yes  No  
If yes, please note how many employees are placed at each activity and for how long? \_\_\_\_\_

5. Please note what the duties and obligations of your employees in regards to their monitoring of activities? \_\_\_\_\_

6. Does your facility have a maximum capacity?  Yes  No

If yes, please note. \_\_\_\_\_

7. Do you require that participants sign an "assumption of risk" form and/or "Liability Release"?  Yes  No

8. Have you obtained certificates of insurance from all independent contractors or concessions?  Yes  No

If yes, please enclose copies.

9. Additional Activities

	GROSS RECEIPTS	# OF PARTICIPANTS ANNUALLY
Birthday Parties	\$	
Weddings	\$	
Corporate Events	\$	

Family Days	\$	
Open workouts	\$	
Lock In	\$	
Camps	\$	
Other (please describe)	\$	

\*\*Important: Not everyone will have all these items.

**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 coverages 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 of Liability 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 Limit of Liability 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 any applicable Limit of Liability. 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 of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_  
Applicant:

Dated: \_\_\_\_\_  
Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name