



[Commercial Sports & Recreation]

INFLATABLE BOUNCE OPERATORS APPLICATION



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PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____
 Name of Applicant: _____
 Mailing Address: _____ Postal Code: _____
 Address of Facility: _____ Website: _____
 Number of years in business: _____ Date Established: _____
 Length of Operating Season: From: _____ (DD/MM/YYYY) To: _____ (DD/MM/YYYY)
 Provinces Operated In: _____
 If operating in Ontario, is the Insured TSSA licensed? Yes No
 In all other provinces, are you properly licensed to conduct this business? Yes No
 Operations outside of Canada? Yes No If "Yes", please give details: _____
 Policy Term: From: _____ (DD/MM/YYYY) To: _____ (DD/MM/YYYY)
 Miscellaneous Property Floater required? Yes No If "Yes", provide list of values below: _____

 Commercial General Liability Limit Required: \$ _____ Reimbursement Clause: \$ _____
 Current Insurer or Broker: _____ Premium: \$ _____

PART 2 UNDERWRITING INFORMATION

Description of all inflatable and amusement devices operated by the Insured. This must include complete details of the Manufacturer, model, serial number, dimensions and age or we will be unable to quote. **A photo of each device must accompany this application if a website is not available.**

Manufacturer, Model & Serial Number	Height (ft)	Width (ft)	Length (ft)	Age (yrs)	Actual Cash Value
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Does this application contain a complete list of all inflatable play products and rental inventory owned by you? Yes No

Do you require waivers be signed by all Renters? Yes No

If "Yes", a copy will be required

Are specific operating instructions provided to each Renter? Yes No

If "Yes", a copy will be required

What are the specific restrictions with respect to:

Maximum and minimum allowed age of participant for each device. (Note: Maximum age cannot be more than 13 years)

Maximum weight allowance: _____ pounds Maximum number of children allowed on device: _____

Are participants grouped by similar age and size? Yes No

If your restrictions, rules and regulations differ from the Manufacturer's, please provide an explanation below: **Copy of each will be required**

Who are your Clients?

Private Parties Only:

Public/Commercial Events Only:

Private Parties and Public Events: Percentage of Each: Private Parties: % Public/Commercial Events: %

Details:

Other (please explain):

Do you keep a First Aid Kit onsite while you are supervising the operation of the device? Yes No

For Public/Commercial Events do your employee(s) stay in attendance to supervise the unit? Yes No If "No", please provide details below:

For Private Parties, is it part of your rental agreement that the device be attended by a parent/adult at all times while in operation? Yes No

If "No" to above, please provide details:

Who is responsible for the setup and take down of the inflatable device(s)?

Provide complete details of the setup and tie down procedures for both sod/dirt and concrete/asphalt surfaces:

If any of your operations are at an indoor venue(s) please advise the following:

Percentage split between: Indoor Setup: % Outdoor Setup: %

Type of location(s) i.e. mall, school, gym, church hall, etc.:

Complete details of indoor setup procedures including the type of underlying surface and how the device is secured:

Distances required from ceilings/walls: Roof: (feet) Walls: (feet)

Do you sell, or will you include with the rental, any food, novelties, or birthday bags? Yes No If "Yes", please give details below:



If you are operating a permanent or semi-permanent location and require property coverage, please provide the following:

Property Coverage Required: \$

Location:

Construction: Height: Roof: Walls: Floor: Building Age:

Upgrades: (Details of upgrades must be indicated if building is over 25 years of age):

Plumbing:

Heating:

Roof:

Electrical:

Sprinklered: Yes No If "Yes", percentage sprinklered: %

Monitored Burglar Alarm: Yes No Details:

Window Protection: Yes No Details:

Area: Industrial Commercial Residential Agricultural

Fire Protection: Within 500 feet of a fire hydrant? Yes No Within 1,000 feet of a fire hydrant? Yes No

Within: feet of a Fire Hall Fire Department: Volunteer Fulltime - Paid

If you are operating out of a permanent or semi-permanent location, will parental supervision or presence be required at all times? Yes No

If "No" to above, please explain:

Does the operator provide a child drop-off service? Yes No If "Yes" please explain below:

Does your operation involve any event planning operations other than the inflatable bounce rentals? Yes No

If "Yes" to above, please explain:

Does your organization engage in any other activities or operations under this same legal entity? Yes No

If "Yes" to above, please provide details:

Please list all entities requiring Additional Insured status on your policy:

NAME	MAILING ADDRESS	REASON for Additional Insured Status	Certificate of Insurance Required?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 3 GROSS RECEIPTS (Please include a copy of Insured's most recent financial statement if available)

GROSS RECEIPTS	ACTUAL LAST YEAR	ANTICIPATED COMING YEAR
Inflatable Device Rentals:	\$	\$
Food and Novelties (please describe below):	\$	\$
Other (please describe below):	\$	\$
TOTAL RECEIPTS:	\$	\$



DESCRIBE: "Food and Novelties" and "Other" from above, if applicable:

PART 4 LOSS HISTORY

Check here if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____

BROKER DECLARATION

How long have you known this Applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the Applicant's operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this Applicant? _____

Broker's Signature: _____ Position: _____

Please print name: _____ Date: _____