



#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

INFLATABLE BOUNCE OPERATIONS APPLICATION

PART 1: GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Business Operations: _____

Website Address (if applicable): _____

Number of Years in Business: _____ Desired Effective Date: _____

Previous Insurer: _____ Has any Insurer cancelled, declined, or refused you coverage? No Yes

If yes, provide details: _____

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied; _____

PART 2: Underwriting Information

DESCRIPTION of all inflatable and amusement devices operated by the insured (this must include complete details of the manufacturer, Model and Serial Number, Dimensions and Age or we will be unable to quote)

A picture of each device must accompany the application if a website is not available

*if property Coverage is required

List the ACTUAL CASH VALUE

	Manufacturer, Model, Serial Number	Height	Width	Length	Age		Of each device.
1.						\$	
2.						\$	
3.						\$	
4.						\$	
5.						\$	
6.						\$	
7.						\$	
8.						\$	
9.						\$	
10.						\$	

Does this application contain a complete list of all inflatable play products and rental inventory owned by you: Yes___ No___

Do you require that waivers be signed by all renters: Yes___ No___ (copy required)

Are specific instructions provided to each renter: Yes___ No___ (copy required)

What are specific restrictions with respect to:

a) Maximum and Minimum allowed age of participant for each device, please indicate:

b) Maximum weight Allowance:

c) Maximum number of children allowed on device:

d) Are participants grouped by similar size and age:

Yes___ No___

e) Who are your clients

a. Private Parties Only Yes___ No___

b. Public / Commercial Events only Yes___ No___

c. Private Parties and Public Events Yes___ No___

Percentage of each: Private Parties: ___%

Public/Commercial ___%

Details: _____

d. Other: Yes___ No___

Do you keep a first aid kit on site when you re supervising the operation of the device? Yes___ No___

For public / commercial events, do you or your employee(s) stay in attendance and supervise the unit: Yes___ No___

If no, provide details: _____

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, provide details: _____

Who is responsible for the set up and take down of the inflatable device(s): _____

Provide complete details of the set up and the tie down procedure for both sod / dirt and concrete / asphalt surfaces:

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

- a) Percentage split between Indoor set up: ____%
Outdoor set up: ____%
- b) Type of location(s) – mall, school, gym, church hall etc.: _____
- c) Complete details of indoor set up procedures including the type of underlying surface and how the device is secured:

- d) Distances required from ceiling / walls Roof: ____ feet Walls: ____ feet

NOTE: if an indoor setup is more than 1 week or if a device is set up permanently at any one location see following item.

Do you sell or will you include with the rental any food, novelties or birthday bags? Yes___ No___
If yes, please describe: _____

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

Property Coverage Required: _____

- a) Location: _____
- b) Construction: Height: _____ Roof: _____
Walls: _____ Floor: _____
- c) Heating: ___ Natural Gas ___ Ip Gas ___ Oil ___ Electric ___ Other: _____
___ Forced Air ___ Hot Water ___ Steam ___ Radiant
- d) Building Age: _____
Upgrades: (Details & dates of upgrades must be indicated if building is over 25 years old)
Height: _____ Roof: _____
Walls: _____ Floor: _____
- e) Sprinklered: ___ Yes ___ % ___ No Last Tested: _____
- f) Monitored Burglar Alarm: ___ Yes ___ No Details: _____

g) Window Protection: ___ Yes ___ No Details: _____

h) Area: ___ Industrial ___ Commercial ___ Residential ___ Agricultural
___ Urban ___ Suburban ___ Rural

i) Fire Protection: Within 500 ft of a fire hydrant: ___ Yes ___ No Within 1000 ft of a fire hydrant: ___ Yes ___ No
Within _____ km of a fire hall Fire Department: ___ Volunteer ___ Fulltime

If you are operating out of a **permanent or semi-permanent location**:

- a) Will parental supervision of a parental presence be required at all times? ___ Yes ___ No
If no, please explain: _____
- b) Does the operator provide a child drop-off service? ___ Yes ___ No
If yes, please explain: _____

Does your operation involve any event planning operations other than the inflatable bounce rentals? ___ Yes ___ No
If yes, please explain: _____

Does your Organization engage in any other activities or operation under this same legal entity? ___ Yes ___ No
If yes, please explain: _____

List all entities requiring Additional Insured statuses on your policy:

Name	Mailing Address	Reason for Additional Insured Status	Certificate of Insurance Required
			___ Yes ___ No
			___ Yes ___ No
			___ Yes ___ No

PART 3: Gross Receipts (Include a copy of the insured's most recent financial statement if available)

GROSS RECEIPTS:	Actual Last Year	Anticipate Coming Year
Inflatable Device Rentals	\$ _____	\$ _____
Food & Novelties (describe below)	\$ _____	\$ _____
Other (describe below)	\$ _____	\$ _____
Total Receipts	\$ _____	\$ _____
Other:	_____	

PART 4: Claims, Loss and Incident History for the Past 5 Years

Date	Cause	Amount Paid or Reserved (Including fees)	Deductible or Reimbursement	Insurer

Prior insurer and policy term: _____ Expiring Premium: _____

Has any company declined or cancelled any coverage? ___ Yes ___ No

If yes, please explain: _____

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

Applicants Signature: _____ Position: _____

Please Print Name: _____ Date: _____



COMMERCIAL PROPERTY APPLICATION

#103-8411 200th STREET
LANGLEY, BC V2Y 0E7
TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

Canada's Leading Source for Sports, Fitness, Leisure & Adventure
Tourism Insurance

PART 1: GENERAL INFORMATION

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Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Business Operations: _____

Website Address (if applicable): _____ Desired Effective Date: _____

No. of Years in Business: _____ Experience in operations: _____

Previous Insurer: _____ Has any Insurer cancelled, declined, or refused you coverage? No Yes

If yes, provide details: _____

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied; _____

PART 2: UNDERWRITING INFORMATION

Select the Construction Class, which best describes your building:

- Fire Resistive (Walls, floors, roof and supports of solid masonry)
- Masonry, Non-Combustible (Walls of masonry; floors and roof of masonry or engineered non-combustible materials, supported by protected steel)
- Non-Combustible (walls, floors and roof of engineered non-combustible materials, supported by unprotected steel)
- Masonry (including Mill) (Walls of **greater** than 4" thick masonry; floors and roof of wood, supported by heavy timber, wood joists or unprotected metal)
- Masonry Veneer (Walls of **less** than 4" thick masonry; floors and roof of wood, supported by wood joists or other combustible or susceptible material)
- Frame (walls, floors and roof of combustible or susceptible materials, supported by wood or other combustible or susceptible material)

Select the distance between your building and the nearest Municipal Fire Hydrant:

Within 500 feet Between 500 and 1000 feet Over 1000 feet

Distance to Fire Hall _____ Km

Fire Department: paid full time _____ paid part time _____ volunteer _____ n/a _____

Insured's Occupancy: _____ Other Occupancies: _____ Year built: _____

Height of building: _____ Heating Type: _____ General Housekeeping: _____

Total Building Sqft: _____ Applicant's Sqft: _____ Sprinklered: No Yes _____ % is Sprinklered

Alarm System: Monitored Local None Is the monitoring company ULC Approved No Yes

Updates (indicate year): Building _____ Electrical: _____ Roof _____

Plumbing _____ (indicate Plumbing Type) _____ Hot Water Tank Age: _____

Miscellaneous Information: _____

PART 3: COVERAGE REQUIREMENTS

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Transit	
Business Interruption (Profits or Gross Earnings) circle one	
Loss Rent / Rental Income	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Other	
CRIME COVERAGES	AMOUNT OF INSURANCE
Inside and Outside Robbery	
Broad Form Money & Securities	
Commercial Blanket Bond (FORM A)	
Other	

OPTIONAL COVERAGES: (Select Any of the Following Optional Coverages You Require)

- | | | |
|--|---|---|
| <input type="checkbox"/> Sewer Back-up | <input type="checkbox"/> Replacement Cost | <input type="checkbox"/> Property Extension End't |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Stated Amount Co-Insurance | <input type="checkbox"/> Comprehensive Property Extension End't |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> By-Laws | |

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

Applicants Signature: _____ Position: _____

Please Print Name: _____ Date: _____