

Inflatable Industry Purchasing Group Insurance Application



Phone (888) 411-4911 - FAX (678) 832-4910
 316 Maxwell Road, Suite 100, Alpharetta, GA 30004
 email: info@CSIProtection.com

Name, Address & Phone # Of Your Insurance Agent	Golden State West Ins Services 916-830-1042 FAX 916-830-1046 1501 El Camino Ave Suite 206 Sacramento CA 95815		
NAME OF COMPANY:			
STREET ADDRESS:			
CITY, STATE ZIP:		PHONE #	
CONTACT NAME:		Fax #:	
YEARS IN BUSINESS:	Email:		
WEB SITE URL:		DATE:	
Current Insurance Company:		Policy Expiration Date:	
OUTDOOR RENTAL OPERATION - ESTIMATED ANNUAL RENTAL REVENUES			
Inflatables	\$	TYPE OF ORGANIZATION:	
Tables, Tents, Chairs	\$	(PLEASE CHECK BOX BELOW)	
Popcorn, Candy, DJ etc.	\$		<input type="checkbox"/> INDIVIDUAL
Other: (describe)	\$		<input type="checkbox"/> PARTNERSHIP
INDOOR FACILITIES - ESTIMATED ANNUAL SALES REVENUES			<input type="checkbox"/> CORPORATION
Open Play	\$		<input type="checkbox"/> L.L.C.
Party Room Rentals	\$		<input type="checkbox"/> OTHER
ESTIMATED TOTAL REVENUE RECEIPTS	\$		
IF YOU ARE INVOLVED IN ANY OTHER BUSINESS, PLEASE PROVIDE NAME AND DESCRIPTION BELOW:			
SELECT LIMIT OF LIABILITY PER OCCURRENCE REQUESTING (PLEASE CIRCLE): \$300,000 \$500,000 \$1,000,000			
DO YOU WANT COVERAGE FOR THEFT OR DAMAGE TO EQUIPMENT? (PLEASE CHECK YES OR NO)			YES NO
IF YES, WHAT IS THE COST OF YOUR ENTIRE EQUIPMENT INVENTORY?		\$	

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING YES OR NO.	YES	NO
Do you maintain and operate equipment in accordance with the manufacturers instructions?		
Do you keep records that units were inspected prior to renting?		
Do your records show inflatable units have been inspected in accordance with all ASTM and regulatory authority requirements, regarding safe use and operation of inflatable amusement equipment?		
Are you following ASTM standards for operation of inflatable play structures?		
Do you always obtain a signed rental agreement that contains instructions for use and Hold Harmless and Indemnity provisions in your favor?		
Does your rental agreement prohibit use of inflatables by persons over the age of 15 unless the unit is designed for use by adults?		
Do you specifically show weight/size limitations for use of each product as recommended by manufacturer?		
Do you clearly and explicitly prohibit the use of equipment by anyone under the Influence of alcohol, drugs or any other "intoxicating" substance?		
Does this application contain a complete list of all inflatable play products and rental inventory owned by you?		
Are you properly licensed to operate or conduct this business?		
Have you or any of your employees, or subcontractors been charged or convicted of any criminal offense?		

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING YES OR NO.	YES	NO
Do you have any Loss Summary Reports from your prior insurance carrier? (If not, please obtain currently valued claim history reports and forward them separately. These are necessary to bind coverage)		
If you use part-time or temporary employees or sub-contractors, are they fully trained on all units they work with?		
Do you monitor weather and notify customers of actions to take when indicated by weather conditions?		
Do you use the manufacturer's checklist for the set up & use of the equipment?		
The following six (6) items or situations require an employee or experienced attendant. Do you use employees or experienced attendants in these situations? If you do not use these items, place "N/A" in the Yes box		
1. Slides greater than 22'		
2. Rock walls		
Is the rockwall used only outdoors?		
Is there a formal maintenance checklist program?		
Is the rockwall supervised at all times?		
Is there a formal employee safety training program?		
When the rockwall is not in use, is it stored away from public access?		
Are the cables replaced according to manufacturers instructions?		
Is the rockwall auto belay?		
Is liability waiver signed by every participant or guardian?		
3. Mechanical Bulls, Surf Simulators or Similar Devices (See Separate Questionnaire)		
4. Harness Bounce Trampolines (non harness trampolines are not covered.)		
5. Are items used at fairs or large community events?		
6. Velcro Walls or Gyro Balls		
Do you always set-up or supervise the set-up of equipment you rent? (If <i>no</i> , please explain below.)		
Indoor Party Rental		
1. Number of rooms or separate areas used for entertainment and/or food services:		
2. What percentage of business results from walk-in or pay-for play customers?		
3. What is the maximum number of private parties that you can have on premise at any one time?		
4. How many employees supervise play activities?		
5. Do you use closed circuit TV and tape or disk recording to monitor play and party areas?		
Has your insurance been cancelled or non re-newed in the past 3 years?		
Have there been any claims for injury or damages against you or any incidents that may lead to a claim against you within the past 5 years? (If yes, you <i>must</i> explain in detail below.)		

Please include a copy of your Rental Agreement which should include a liability waiver or an indemnification and Hold Harmless agreement.

YOU MUST READ THIS BEFORE SIGNING BELOW

To the best of my knowledge and belief, the information provided in connection with this application is true and I have not withheld any information.

I understand that the signing of this application does not bind insurance coverage, but agree that should a contract of insurance be concluded, this application, any supplemental application or questionnaire, and statements therein will be relied on as the basis for insurance coverage.

I understand that the insurance company may obtain additional information in order to evaluate acceptability for insurance, such as but not limited to, credit reports, motor vehicle records, survey or inspections of covered operations or prior claim experience verification. I hereby authorize the company to obtain such information.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIAL 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 THE PERSON TO CRIMINAL AND (NY SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR) IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED

Name, Address & Phone # Of Your Insurance Agent	
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CSI Insurance Agency, Inc.
316 Maxwell Road, Suite 100
Alpharetta, Georgia 30004
Fax: 832-4910

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Please complete, sign, date and fax or mail this application to:

GOLDEN STATE WEST INSURANCE SERVICES
1501 EL CAMINO AVE SUITE 206
SACRAMENTO CA 95815
FAX 916-830-1046

