



COSSIO INSURANCE AGENCY

# INDOOR INFLATABLE CENTER APPLICATION

PO Box 188  
Simpsonville, SC 29681  
Phone: (864) 688-0121  
Fax: (864) 688-0138  
www.cossioinsurance.com

Directions for completing this editable pdf form: You do not have to print this Application! Place your cursor on top of the first field line and click on field. Type in the correct information on the field and hit the tab key to move to the next field or use your cursor and click on the next field. For check boxes use your mouse and click on the correct box or use the spacebar key to check or uncheck the box. After completing this form click on the submit button to save the completed form and attach the form to an e-mail. Send it to apps@cossioinsurance.com.

## SUBMISSION REQUIREMENTS

1. Currently valued insurance company loss runs for the current policy period plus 3 prior years
2. Latest financial statement
3. Copy of waivers and releases where required
4. Copy of safety rules

## GENERAL INFORMATION

1. Applicant name: \_\_\_\_\_ Birth Date: \_\_\_\_\_
2. Name of facility: \_\_\_\_\_
3. Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact e-mail: \_\_\_\_\_ Web address: \_\_\_\_\_
5. Business type:      Corporation                  Partnership                  Individual  
   Non-Profit                  Government entity                  Other: \_\_\_\_\_
6. Year business was established? \_\_\_\_\_ Number of years under present management: \_\_\_\_\_  
How many years of management experience do you have? \_\_\_\_\_  
FEIN: \_\_\_\_\_
7. Does the applicant have a safety manager on premises at all times the facility is open? If yes, provide name and contact information. Yes                  No
8. Does the applicant have a formal safety training program for employees? Yes                  No

## PREMISES INFORMATION

1. Average annual attendance: \_\_\_\_\_ Operating season: \_\_\_\_\_ to \_\_\_\_\_  
Annual payroll: \$ \_\_\_\_\_ Number of employees full time: \_\_\_\_\_ part time: \_\_\_\_\_  
Sales / Receipts:  
a.) Amusements                  \$ \_\_\_\_\_  
b.) Food and beverage                  \$ \_\_\_\_\_ Describe: \_\_\_\_\_  
c.) Souvenirs / Novelties                  \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**PREMISES INFORMATION (continued)**

**A. General Information:** (explain any yes answers in Remarks)

- |   |       |         |
|---|-------|---------|
| 1) Any medical facilities provided or any employed physicians / nurses?   | Yes   | No      |
| 2) Any storage, treating, discharging, applying, disposing, or transporting hazardous materials?  | Yes   | No      |
| 3) Any operations sold, acquired or discontinued in the last five (5) years?  | Yes   | No      |
| 4) Machinery, equipment or attractions rented to others?  | Yes   | No      |
| 5) Any watercraft docks (not bumper boats), floats on premises?   | Yes   | No      |
| 6) Is there a swimming pool on premises?  | Yes   | No      |
| 7) Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? If no, provide time table and action plan: | Yes   | No      |
| 8) Any special events scheduled throughout the year?  | Yes   | No      |
| 9) Does the Applicant lease or own the facility?  | Own   | Leased  |
| If leased, provide a copy of leasing agreement.   |       |         |
| If leased, who is responsible for parking areas?  | Owner | Insured |
| If leased, who is responsible for building maintenance?   | Owner | Insured |
| 10) Any structural alterations contemplated?  | Yes   | No      |
| 11) Any demolition contemplated?  | Yes   | No      |

**REMARKS:**

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**B. Cooking facilities:**

- |   |     |    |
|---|-----|----|
| 1) Does Applicant have an automatic extinguishing system over deep fat fryers, grills & stoves? | Yes | No |
| How often are hood / ducts cleaned? _____   |     |    |
| By whom?                      Insured                      Sub-contractor                       |     |    |
| If by sub-contractor, how often are they serviced? _____ Date last serviced? _____              |     |    |
| 2) Central station fire alarm?  | Yes | No |
| 3) Central station burglar alarm?   | Yes | No |
| 4) Surveillance cameras?  | Yes | No |
| 5) Does the Applicant have Automated External Defibrillator(s) (AED)?                           | Yes | No |
| If yes, are staff members trained to use it?  | Yes | No |

**PREMISES INFORMATION (continued)**

- |   |     |    |
|---|-----|----|
| 6) Does the Applicant have backup emergency lighting and / or emergency generators in the event of a power failure? | Yes | No |
| 7) Does the Applicant have an emergency evacuation plan?<br>(If yes attach a copy)                                  | Yes | No |
| 8) Evacuation procedures and floor plans posted?  | Yes | No |
| 9) Are parking lots well lit?   | Yes | No |
| 10) Patrolled by security?  | Yes | No |
| 11) Does the Applicant provide live entertainment?<br>If yes, describe type and how often:                          | Yes | No |

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**C. Amusement Devices / Attractions:**

- |  |     |    |
|--|-----|----|
| 1) Do all ride signs comply with manufacturer recommendations with regard to age, height and exit requirements?  | Yes | No |
| 2) Does the Applicant or has the Applicant ever manufactured or retro-fitted any amusements / attractions?<br>If yes, provide a list of all such attractions and the changes made. | Yes | No |
| 3) Are amusement devices inspected daily?  | Yes | No |
| 4) Is inspection log maintained?   | Yes | No |
| 5) Are there periodic inspections required by state inspectors?  | Yes | No |
| 6) Are maintenance manuals for all amusement devices kept on premises?   | Yes | No |
| 7) Is there a qualified maintenance staff on site?   | Yes | No |
| 8) Is there an on-site maintenance shop?   | Yes | No |
| 9) Is there adequate maintenance equipment on-site?  | Yes | No |

**OPERATIONS**

**A. Coin Operated Amusements**

Annual Receipts \$ \_\_\_\_\_

How many? \_\_\_\_\_ Number of attendants? \_\_\_\_\_

Equipment is:      Owned                      Leased

Are machines properly grounded?                      Yes                      No



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## OPERATIONS (continued)

Is there an on-site maintenance shop?	Yes	No
Is there adequate maintenance equipment on-site?	Yes	No

### B. Inflatables / Bounce and Play

Annual Receipts \$ \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ABUSE AND MOLESTATION

- Does the Applicant's current insurance program include Abuse and Molestation coverage? Yes No
- Does the Applicant's employment and volunteer applications include questions about whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses? Yes No
- Does the Applicant verify employment references for employees and volunteers? Yes No
- Does the Applicant conduct personal interviews? Yes No
- Are formal written procedures in place for hiring? (If yes, attach a copy) Yes No
- Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? (If yes, attach a copy) Yes No
- Does the Applicant have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities and the media if you have an incident of abuse? (If yes, attach a copy) Yes No
- Have any incidents resulted in an allegation of sexual abuse? Yes No  
If yes, was the case settled? Yes No  
Was the case taken to trial? Yes No  
Amount paid for damages to the victim? \$ \_\_\_\_\_  
Does the Applicant's state allow criminal background checks? Yes No  
If yes, does the Applicant run criminal background checks prior to hire for:  
a) Employees Yes No  
b) Volunteers Yes No



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## HIRED & NON-OWNED AUTO

- Does the Applicant have any owned automobiles? Yes No  
**NOTE:** If the Applicant has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is required: \_\_\_\_\_
- Does the Applicant allow employees to use their own personal vehicles for business purposes? Yes No  
 If yes, how many employees use their own personal vehicles? \_\_\_\_\_  
 If yes, how often?      Daily      Weekly      Monthly      Other: \_\_\_\_\_
- Does the Applicant obtain Motor Vehicle Reports? Yes No  
 If yes, how often?      Annually      Every other year      Other: \_\_\_\_\_
- Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? Yes No
- Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \_\_\_\_\_
- Is hired auto physical damage required? Yes No  
 If yes, what is the maximum value of hired vehicle the Applicant would like insured? \$ \_\_\_\_\_  
**NOTE:** Physical Damage deductibles: \$100 comprehensive / \$1,000 collision provided.

## PROPERTY INFORMATION

- Building value (if owned by you): \_\_\_\_\_ Tenant Improvements value: \_\_\_\_\_
- Contents value: \_\_\_\_\_ Business Income value: \_\_\_\_\_
- Construction Type:      Fire Resistive      Masonry Non Combustible      Joisted Masonry  
    Frame      Other: \_\_\_\_\_
- Distance to Nearest Fire Station: \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
 Year Built: \_\_\_\_\_ Square Feet of Building Area: \_\_\_\_\_
- Building Improvements:      Wiring, Year: \_\_\_\_\_      Roofing, Year: \_\_\_\_\_  
    Plumbing, Year: \_\_\_\_\_      Heating, Year: \_\_\_\_\_
- Facility Sprinklered?      Yes      No
- Prior Insurance Carrier Name: \_\_\_\_\_ Policy Expiration: \_\_\_\_\_  
 Expiring Premium: \_\_\_\_\_  
 Claims: \_\_\_\_\_



**FRAUD NOTICE**

GENERAL STATEMENT: 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 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDIA: 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.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: 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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: 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 materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:	Date:
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**SAVE APPLICATION**