



## PARTY EQUIPMENT RENTAL APPLICATION


Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.  
2. Please fill in all the fields with the correct information.  
3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348



### POLICY RECOMMENDATIONS (Please check any you are interested in)

General Liability <input type="checkbox"/>	Accident Medical <input type="checkbox"/>	Earthquake <input type="checkbox"/>
Inland Marine <input type="checkbox"/>	Workers Compensation <input type="checkbox"/>	Commercial Auto <input type="checkbox"/>
EPLI <input type="checkbox"/>	Flood <input type="checkbox"/>	Hired & Non-Owned Auto <input type="checkbox"/>
Umbrella <input type="checkbox"/>	Abuse / Molestation <input type="checkbox"/>	Cyber Liability <input type="checkbox"/>

### Section 1: GENERAL INFORMATION

1. How did you hear about us?	Are you an ERS customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Corporate Name:	3. Effective Date:	
4. Business Name:	5. Entity Type: 	
6. Contact Person:	7. Date of Birth:	
8. Phone Number:	9. Fax:	
10. Website:	11. Email:	
11. Mailing Address:		
City:	State:	Zip:
12. Location Address:		
City:	State:	Zip:
13. Year Business Started (month & year):	14. FEIN/SS#:	
15. Years of Management Experience? (does not have to be with inflatables)		
16. Type of Management Experience?		

### Section 2: DESCRIPTION OF OPERATIONS

TYPE OF OPERATION	Projected Annual Gross Sales (before deductions)
<input type="checkbox"/> Rental with Operators 	\$
<input type="checkbox"/> Rental without Operators 	\$
1. Describe your operations. Check all that apply: <input type="checkbox"/> Events where you charge each participant <input type="checkbox"/> Backyard Birthday Parties <input type="checkbox"/> Parks <input type="checkbox"/> Corporate Events <input type="checkbox"/> Street Fairs <input type="checkbox"/> Carnivals <input type="checkbox"/> Entertainment Services <input type="checkbox"/> Other:	
<b>For Street Fairs, Carnivals, Events where you charge each participant and other: Send in copy of signage/waiver.</b>	
Do you or your company operate any Street Fairs, Carnivals or Midways? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section 2: DESCRIPTION OF OPERATIONS (Continued)

2. Describe/ List specialized training or memberships. Check all that apply: <input type="checkbox"/> SIOTO <input type="checkbox"/> IAAPA <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other:	
3. Do you have people who work for you? <input type="checkbox"/> Yes <input type="checkbox"/> No   Please attach instructions & training provided	
4. How many attendants/operators accompany each piece of equipment at the rental site?	
5. Do you allow overnight rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Is equipment ever left unattended while set up at an event? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please explain:	
7. Are there age/height/weight limits clearly displayed on all devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. If no, you need to have signage. Please provide sample signage wording.	
9. Are the inflatables set up on a flat surface and properly grounded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Do you allow adults and children to jump at the same time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Do you have Watchdog Siren Warning devices? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, how many?	
12. Are rental agreements signed by renters of the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Does the rental agreement contain hold harmless wording, release of liability & safety rules? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Do you maintain & operate equipment in accordance with manufacturer's instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. How often is equipment inspected for damages/safety? <input type="checkbox"/> Before & after each use <input type="checkbox"/> Weekly	
16. Do you keep a written log for repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there Customer Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Do you want coverage on the units for fire, theft, vandalism, and/or business income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Are you a dealer or distributor of new or used inflatables, rides or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. If yes, please advise: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> New & Used	
20. If you distribute or sell inflatables, rides or equipment what are your estimated annual sales? \$	
21. Do you subcontract equipment from other rental companies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. If yes, Do you ask to be named additional insured onto their policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. What will be the gross sales from subcontracting?	
24. What units do you subcontract?	
25. FOR DUNK TANKS - Manufacturer of Tank:	
26. What year was it manufactured?	
27. Please include a picture of the dunk tank with your complete application.	

## Section 2A: ROCKWALLS   ☐ N/A

1. Location #:	2. Gross Sales for Rockwalls:
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## Section 2A: ROCKWALLS (Continued)

3. Address:				
City:	State:	Zip:		
4. Is the rockwall indoors or outdoors? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors				
5. Manufacturer of the Rockwall: <input type="checkbox"/> American Rock Climbing <input type="checkbox"/> Vertical Reality <input type="checkbox"/> Extreme Engineering <input type="checkbox"/> Spectrum Sports/Rebound Active Sports <input type="checkbox"/> Other _____				
Is it an inflatable Rockwall? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, manual or auto belay? <input type="checkbox"/> Manual <input type="checkbox"/> Auto				
6. Is the rockwall supervised at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Is there a formal maintenance checklist program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Is there a formal employee safety training program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Is the tool loop cut off from the safety harness? <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. When the rockwall is not in use, how and where do you store it?				
11. How often are the cables replaced?				
12. Is the rockwall manual or auto belay? <input type="checkbox"/> Manual <input type="checkbox"/> Auto				
13. When was your rock wall manufactured?				

## Section 2B: BUNGEE TRAMPOLINES ☐ N/A

1. Location:			2. Number of Stations:			
3. Gross Sales for Bungee Trampolines:						
4. Storage Location:						
How Many	Manufacturer/Model	Mfr Year	Trampoline Dimensions	Support Pole Height		
5. Please complete for each piece of equipment:						
Equipment Type	Manufacturer	Size/Model Type	# on Hand	Age of Oldest One	Replacement Frequency	Date Last Replaced
Harnesses						
Bungee Cords						
Carabineers						
6. What is the maximum jumping height capacity?						
7. How old is the jumping surface of each trampoline?						
8. Do you always fit harnesses to the size of each person? <input type="checkbox"/> Yes <input type="checkbox"/> No						

## Section 2B: BUNGEE TRAMPOLINES (Continued)

9. Are all attendants trained on manufacturer specifications for fitting harnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Do you always adjust the bungee cords according to manufacturer recommendations for the weight and height of each user? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Are all attendants trained on manufacturer requirements for bungee cord adjustment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Do you require users to comply with age, weight and height restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. What are the minimum and maximum age requirement for users?	Min.	Max.
14. What are the minimum and maximum weight restrictions for users?	Min.	Max.
15. What are the minimum and maximum height restrictions for users?	Min.	Max.
16. How do you verify weight/height when user size visually appears to be over the limit?		
17. Does your waiver indicate any user restrictions noted by the manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Do you always maintain a one to one ratio of attendant supervision for each person on a trampoline? <input type="checkbox"/> Yes <input type="checkbox"/> No If not please describe procedure.		
19. Were all attractions addressed on this supplemental application inspected and found satisfactory by a state or local authority? <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Please provide the date of last inspection, testing authority, and any applicable certificate/inspection #		
21. Do you always restrict users to one at a time per trampoline? <input type="checkbox"/> Yes <input type="checkbox"/> No		
22. Is there a barrier or fence around the attraction to prevent pedestrian or observation traffic in the jumping area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
23. Is access to area around attraction restricted to attendants and one user per attraction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Are user restrictions, warning and safety signs clearly posted by the entrance to the attraction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
25. Do you inspect all the equipment daily? <input type="checkbox"/> Yes <input type="checkbox"/> No		
26. Do you document your inspections with a written checklist and findings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
27. How long are records of inspections maintained?		
28. Describe the experience of the person(s) in charge of inspecting an supervising use of the bungee jump trampolines.		
29. Is this equipment always attended when set up? <input type="checkbox"/> Yes <input type="checkbox"/> No		
30. Is this equipment located in one site or moved from site to site?		
31. Do you always set up and take down the equipment if moved from the site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
32. Do you fully test and inspect the equipment after each set up? <input type="checkbox"/> Yes <input type="checkbox"/> No		
33. Do you use a written checklist to document your testing and inspecting after each set up? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Section 2B: BUNGEE TRAMPOLINES (Continued)

34. How long do you retain the records of testing and inspecting your set up?
35. Do all users sign and date a waiver and release document? (Please attach a copy) <input type="checkbox"/> Yes <input type="checkbox"/> No
36. Are minors required to have a parent or legal guardian sign the waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No
37. Does your waiver require signing party to represent in writing that they are over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Do you require a legibly printed name of the signing party on your waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No
39. Is secured padding provided over the trampoline springs and frame perimeter? <input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is the flooring beneath and surrounding the perimeter of the attraction padded? <input type="checkbox"/> Yes <input type="checkbox"/> No
41. What is the perimeter clearance maintained around each attraction?
42. What is the height clearance between the highest point of the attraction and the ceiling?

## Section 2C: BOBBLES/ZORBS ON TRACK ☐ N/A

### Zorbs, Hamster Balls, Spheres (On Land)

1. Total number of Zorbs:	2. Manufacturer:
3. Employee present at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Employee to participant ratio:
5. Do you use waivers / signage with hold harmless wording? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. How are the balls controlled and kept on the course?	
7. Is the inflatable track always set-up on level ground? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Bobbles, Hamster Balls, Spheres, Water Balls, Rollers (1 person at a time), Zorbs

1. Total number of Bobbles:	2. Manufacturer:
3. Employee present at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Employee to participant ratio:
5. Do you use waivers / signage with hold harmless wording? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Inflatable Pool? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Measurements of Pool:
8. Depth of water:	9. How long are riders inside of the ball?

**One timer per bobble / hamster ball / sphere / water ball / roller /zorb is required.  
Please check box to confirm you understand. ☐**

10. How are operators trained in case of emergencies?
11. How many riders are in the pool at one time?
12. Where are your Bobbles used? <input type="checkbox"/> Inflatable Pool <input type="checkbox"/> Ponds <input type="checkbox"/> River <input type="checkbox"/> Lakes <input type="checkbox"/> Ocean <input type="checkbox"/> In Swimming Pool <input type="checkbox"/> Other - Explain:
13. Are the manufacturer's warning and safety signs clearly posted at the attraction? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you restrict only one participant per ball? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Gross Sales for Bobbles/Zorbs:



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### Section 2D: TRACKLESS TRAINS ☐ N/A

1. Manufacturer of the train:	Gross Sales for Trains:
2. How many cars?	3. Are there back brakes? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the train have a rearview mirror to view the last car/s? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Who is the conductor of the train?	
6. How is the train transported to event sites?	
7. Are Customers: <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Fairs/Festivals <input type="checkbox"/> Traveling Carnivals	
8. Is there waiver signage on or near the train, clearly visible to all participants? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please send a copy of the waiver signage wording.	
9. Mall or Strip Mall? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Mall <input type="checkbox"/> Strip Mall <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
10. Does landlord have special insurance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Is the train driven in areas where there is moving traffic, such as parking lots or outdoor malls (driveways and roads or pedestrian walkways? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. If yes, describe the route in detail:	
13. Please send in a photo of your train/s along with your application.	

### Section 3: POLICY INFORMATION

COVERAGE	INSURANCE CO.	POLICY DATE	LIMITS	PREMIUM	
Gen. Liability					Sales on Policy: Deductible:
Automobile					Radius: # Trucks: # Vans: # Priv. Pass: # Trailer:
Property					Payroll: Bldg. Value: Contents: Bus. Income: Prop. off Prem:
Umbrella					

### Section 4: CLAIMS INFORMATION\*

Indicate below, the Average number of Claims and Annual Amount Incurred in the last three years:

Year	LIABILITY		AUTO		PROPERTY	
	# Claims	Total Amount	# Claims	Total Amount	# Claims	Total Amount

## Section 5: WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

## Section 6: SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:

Producer Name:

Date:

Producer's Signature:

## SUBMISSION CHECKLIST

***We must receive a copy of these documents with your application: (If applicable)***

- ☐ Loss Runs (5 years)
- ☐ No loss letter if operating with no insurance
- ☐ Copy of Rental Agreement / Waiver
- ☐ Safety Rules
- ☐ Pictures of signage with hold harmless wording (Pay for Play Only)



## 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 FLORDIA:** 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: