



ZIPPY RIDES OPERATORS 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

Corporate Name:		Effective Date:	
Trade Name:		Entity Type:	
Contact Person:	DOB:	FEIN/SS:	
Phone Number:		Fax:	
Website:		Email:	
Mailing Address:			
City:	State:	Zip:	
Location Address:			
City:	State:	Zip:	
Years of Management Experience?		Years in Business?	
Type of Management Experience?		Are you an ERS customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2: DESCRIPTION OF OPERATIONS

TYPE OF OPERATION	ANNUAL RECEIPTS
<input type="checkbox"/> Mobile Operation	\$
<input type="checkbox"/> Fixed Location Operation	\$
Do you have signage with hold harmless wording posted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe/ List specialized training or memberships:	
Total number of employees/workers/volunteers:	
Are written instructions, procedures, and training provided for employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there written Customer Training Procedures? (please attach) <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many attendants/operators are present at all times?	
Is equipment ever left overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:	



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Section 2: DESCRIPTION OF OPERATIONS (Continued)

Is equipment ever left unattended while set up at an event? ☐ Yes ☐ No If yes, please explain:

Are there age/height/weight limitations for users on all devices? ☐ Yes ☐ No

If yes, are they clearly displayed? ☐ Yes ☐ No

Do you have a fenced area for operations? ☐ Yes ☐ No

Do you allow participants to ride outside of fenced area? ☐ Yes ☐ No

Do you prohibit the use by adults (over 15 yrs old) & children at the same time? ☐ Yes ☐ No

Are Release of Liability/Waiver forms signed by all participants/parents of minors? ☐ Yes ☐ No

Do you maintain & operate equipment in accordance with manufacturer's instructions? ☐ Yes ☐ No

How often is equipment inspected for damages/safety?

Is there a scheduled maintenance plan? ☐ Yes ☐ No

Do you rent out the zippy rides for others to use? ☐ Yes ☐ No

Do you want property coverage for your inventory? ☐ Yes ☐ No

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



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Section 5: WARRANTY

It is hereby understood and agreed that if insurance is issued by virtue of completing this application, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above. 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.

Section 6: SIGNATURES

I understand that the insurance company, in determining 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.

How did you hear about us?

Print Applicant Name:

Title:

Applicant's Signature:

Date:

Producer Name:

Date:

Producer's Signature:

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

1. Loss Runs (5 years)
2. No loss letter if operating with no insurance
3. Copy of Waiver
4. Safety Rules
5. Picture of signage with hold harmless wording
6. Copy of Safety Checklist
7. Picture of rides & fencing
8. Written requirement for mall locations
9. Signed and dated statement confirming you have fencing and will not allow participants to ride outside of the fenced area

PLEASE CONTINUE TO THE NEXT PAGE TO FILL OUT YOUR INVENTORY



INVENTORY LIST

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Item: Name/Descrip.	Age	Manufacturer	Serial No.	Dimensions	Hgt. & Weight Restrictions	Value	Protective Gear Required?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Total Value of All Equipment:							

Note: The following activities require prior approval by the insurance company:

- Slides with height exceeding 25 feet (specify that the height is to platform where they stand)
- Ropes Courses

SAVE APPLICATION



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:

SAVE APPLICATION