



INFLATABLE OPERATORS APPLICATION

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

Corporate Name: _____ **Effective** _____
Trade Name: _____ **FEIN # :** _____
Contact Person: _____ **# Of Yrs. In Industry** _____
Mailing Address _____ **Telephone:** _____
 _____ **Fax No.:** _____
***IALEI Member?** Yes No **Email:** _____ **Website** _____

DESCRIPTION OF OPERATIONS

TYPE	ANNUAL RECEIPTS	TOTAL VALUE OF ALL ITEMS
<input checked="" type="checkbox"/> Rental With Operators	\$	
<input checked="" type="checkbox"/> Rental Without Operators	\$	

GENERAL INFORMATION: Complete the following information, where applicable:

1. Number of years in business:	2
2. Describe/List specialized training or memberships:	
3. Are written Instructions, procedures & training provided for operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there written Customer Training procedures. (please attach)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How many attendants/operators accompany each piece of equipment at the rental site?	
6. Is equipment ever left unattended while set up at an event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If Yes, explain:	If homeowner self supervise
8. Are there Age/Height/Weight Limitations for Users on all Devices:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. If Yes, are they clearly displayed – sewn into or silkscreened on all devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are the inflatables set up on flat surface & properly grounded	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you prohibit the use by adults (>15 yrs old) & children at the same time	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you have Watchdog Siren Warning Devices? If Yes, how many:	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are Release forms required from users prior to use? (if Yes, attach copy of form)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are Release of Liability Forms signed by renters of the equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. How is equipment transported to and from events?	
16. Do you maintain & operate equipment in accordance with manufacturer's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. How often is equipment inspected for damages/safety?	
18. Is there a scheduled maintenance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Do Manufacturers provide Certs? Of Insurance and are you named as addl. insd?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Location Address: (where equipment is stored)				
Construction of Building:	<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Semi-	<input type="checkbox"/> Mas.Non/Comb <input type="checkbox"/> Other:	<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Frame
Sprinklered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cen.Sta.	<input type="checkbox"/> Local
Burglar Alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cen.Sta.	<input type="checkbox"/> Local
Age of Building::	Plumbing:	Heating:	Roofing:	Wiring:

REQUIRED ATTACHMENTS:

- ✓ Rental Agreement
- ✓ Release Form

POLICY INFORMATION

PLEASE COMPLETE ALL ITEMS BELOW:

COVERAGE	INSURANCE CO.	POL. DATE	LIMITS	PREMIUM	
General Liability					Sales on Pol: \$ Deductible: \$
Automobile					Travel Radius _____ # Trucks: _____ # Vans: _____ # Priv.Pass: _____ # Trailer: _____
Property					Office Payroll: \$ Bldg.Value: \$ Contents \$ Bus.Income: \$ Prop.off Prem \$
Umbrella					

CLAIMS INFORMATION*

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

Year	Liability		Auto		Property	
	# Claims	Totl.Amt.	# Claims	Totl.Amt.	#Claims	Totl.Amt.
2008						
2007						
2006						
2005						

***Note:** please forward current loss runs from your carrier, along with this application.

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.

APPLICANT (PLEASE PRINT OR TYPE): _____

(Signature of Applicant-Mandatory)

(Title)

(Date)

PRODUCER: _____

(Date)

SIGNATURE: _____



INFLATABLE RENTAL EQUIPMENT SCHEDULE

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

INSURED: _____

	Item- Name/Description	Age	Manufacturer	Serial #	Dimensions	Height/Weight Restrictions	Value	Protective Gear Req'd
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
						Total Value of All Equipment:	0	

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

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

SUBMIT