



Trampoline Park 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)

<input type="checkbox"/> 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

Section 1: Insured Information

How did you hear about us?

1. Applicant Name:		Contact Name:	
2. FEIN/SS#:	Business Phone #:	Mobile Phone #:	
3. Website:		Email Address:	
4. Mailing Address:		5. Location Address:	
6. Proposed Effective Date: From:		To:	7. Yrs in Business:
8. Experience of Owners/Principals:			
If this is a new operation please provide details on owners'/principal' prior experience (attach resume)			

Section 2: General Information

1. Type of Trampoline: <input type="checkbox"/> Wall to Wall <input type="checkbox"/> Bungee <input type="checkbox"/> Stand Alone <input type="checkbox"/> Tramp Track
2. Manufacturer/Brand of trampoline systems:
3. Are the trampoline systems fully compliant with ASTM and NFPA regulations:
a. ASTM F1159: Standard practice for design and manufacture of patron-directed amusement devices: <input type="checkbox"/> Yes <input type="checkbox"/> No
b. ASTM F2375: Standard practice for design, manufacture and installation of safety netting around tops of trampolines and foam pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
c. NFPA 701: Minimum flame resistance for materials from which pads and trampolines are made: <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are safety signs posted at your facility and at the points of entry? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. What is the average ration of participants to employee supervision?



Section 2: General Information (continued)

8. What is the minimum ratio of participants to employee supervision?

9. Is every participant required to sign a waiver? Yes No

10. Are parents of legal guardians required to sign waivers on behalf of all minors? Yes No

11. What is the minimum participation age?

12. Are minors permitted to jump with parent/guardian? Yes No

13. Are participants separated by age and experience? Yes No

14. Are instructions given to jumpers prior to each session? Yes No

How are they given? Verbally Video Written

15. How are employees trained?

Total number of employees/workers/volunteers:

16. Are background checks performed on all employees? Yes No

17. Is at least one supervisor who is trained and certified in first aid on duty at all times? Yes No

18. Is all equipment inspected prior to each jump session? Yes No

19. Do you repair trampoline equipment? Yes No

Name of contractor performing repairs:

Are they insured? Yes No

Are certificates of general liability insurance required? Yes No

Do the certificates list you as an additional insured? Yes No

Do you execute written contracts with the contractor including indemnification clauses in your favor?
 Yes No

20. Have you modified your trampoline system? Yes No

If yes, how?

21. Are competitive jumping lessons taught? Yes No

22. Are there devices/activities other than trampolines in the facility Yes No
(Please list: ie. rings, bars, climbing walls, basketball courts, etc):

23. Are jumpers separated from participants of other devices/activities listed above? Yes No



Section 2: General Information (continued)

24. Any apparatus hanging from ceiling in jumping area? Yes No If yes, complete following:

Distance from jumping area to apparatus ft

Distance from jumping area to ceiling ft

25. Do entrances and platforms have impact-absorbing material on all surfaces within 48 inches of device frames (floor, patron barriers, banisters, rails, etc.) Yes No

26. Is barrier netting at top of all platform barriers? Yes No

27. Is barrier or gate used to prevent unauthorized access to devices? Yes No

28. Does a redundant fall-through protection device exist under all jump surfaces? Yes No

29. Is impact-absorbing matting completely covering springs and device frames? Yes No

30. Is impact-absorbing matting attached to jump surfaces and secured to device frames? Yes No

31. Total square footage of trampolines:

32. Do you own or lease the premises? Own Lease

33. Square footage of building:

34. Do you have fire alarms? Yes No

35. Do you have an automatic sprinkler system? Yes No

36. Are all building/facility exits in compliance with applicable building codes? Yes No

37. Hours of operation: Weekdays to Weekends to

Will you remain open after normal business hours for overnight camps, lock-ins or similar activities? Yes No

38. Total estimated sales for upcoming year and prior four years:

Projected Sales: Upcoming Year:

Actual: Current Year

Actual: First Prior Year

Actual: Second Prior Year

Actual: Third Prior Year

What is your average annual attendance?

39. Do you sell food or non-alcoholic beverages? Yes No **(If yes complete section 3)**

Total food or non-alcoholic beverages sales (if any):

40. Do you sell or serve alcoholic beverages, or allow consumption of alcoholic beverages on your property? Yes No

41. Are child care services provided by you or others at you property? Yes No



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Section 3: Food Operations

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 Subcontractor

If by sub-contractor, how often are they serviced? Date last serviced:

2. What is the restaurant exposure? Full Serve Snack Bar Lessor's Risk-Square footage

3. Indicate which of the following apply and the number of each: Ranges Grills Ovens
 Broilers Deep Fryers Griddles

4. Are portable fire extinguishers provided in the kitchen? Yes No

5. How often are filters cleaned?

6. Central station fire alarm? Yes No Central station burglar alarm? Yes No

7. Surveillance cameras? Yes No

8. Does the Applicant have Automated External Defibrillator(s) (AED)? Yes No
If yes, are staff members trained to use it? Yes No

Is there an emergency back-up power source for lights and communications? Yes No

Please describe:

9. Describe the medical response system in place:

10. Is there someone on premises at all times that is certified in First Aid and CPR? Yes No

11. Does the applicant have an emergency evacuation plan? Yes No (If yes, attach copy)

Evacuation and floor plans posted? Yes No 12. Are parking lots well lit? Yes No

13. Are all curbs, steps, and ledges highlighted? Yes No

14. Does your facility comply with current standards set by the Americans with Disabilities Act?
 Yes No

15. Patrolled by security? Yes No Describe security (armed/unarmed):

Is security present during open hours? Yes No Closed hours? Yes No

16. Does the applicant provide live entertainment? Yes No

If yes, describe the type and how often:

17. Do you maintain grandstands? Yes No If yes, are any over 15 years old? Yes No

Seating capacity: Construction:

18. Is there a dance floor? Yes No



TRAMPOLINE PARK APPLICATION

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Section 4: PROPERTY INFORMATION

Please complete once for each location if you are interested in a quote for your property.

1. Location Address

City: _____ State: _____ Zip: _____

2. Construction of Building: Fire Resitive Mas.Non/Comb Joisted Masonry Frame
 Other (Describe)

Facility Sprinklered? Yes No Fire Alarm? Yes No Central Station Alarm Local Gong

Burglar Alarm?: Yes No Type: _____ Central Station Alarm Local Gong

Owner: Yes No Tenant: Yes No

3. Property Values Building \$ _____ Contents \$ _____ Loss of Income \$ _____

Include in contents: All Equipment, Furniture & Fixtures EDP, Improvements and Betterments

Crime Exposures, On Premises: Maximum Daily Cash \$ _____ Amount Overnight \$ _____

Safe? Yes No If Yes, Manufacturer: _____ Desired Crime Limit: _____

4. Additional Interests #1 Landlord Loss Payee Mortgagee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

5. Additional Interests #2 Landlord Loss Payee Mortgagee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

6. Carrier Information Insurance Co. Name: _____ Date Policy Expires: _____

Annual Property Premium: \$ _____ Deductible: \$ _____

7. Property Claims Information: (Please complete for each year)

2015	Number of Claims: _____	Amount Paid: _____
2014	Number of Claims: _____	Amount Paid: _____
2013	Number of Claims: _____	Amount Paid: _____
2012	Number of Claims: _____	Amount Paid: _____
2011	Number of Claims: _____	Amount Paid: _____

2015 Were any of the following updated: Wiring Roofing Plumbing Heating

2014 Were any of the following updated: Wiring Roofing Plumbing Heating

2013 Were any of the following updated: Wiring Roofing Plumbing Heating

2012 Were any of the following updated: Wiring Roofing Plumbing Heating

2011 Were any of the following updated: Wiring Roofing Plumbing Heating



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Section 4: PROPERTY INFORMATION (continued)

8. Distance to nearest fire station:	Distance to nearest fire hydrant:
Number of stories:	

Section 5: LIABILITY CLAIMS INFORMATION*

Indicate below, the # of Claims and Amount Incurred (paid + reserved) in each of the last 5 years:

Year	Number of Claims	Total Incurred Amount
2011-2012		
2012-2013		
2013-2014		
2014-2015		
2015-20016		

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

CYBER LIABILITY

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

Section 7: :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 8: SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:

SUBMISSION CHECKLIST

We must receive a copy of these documents with your application:

- | | |
|--|---|
| <input type="checkbox"/> Resume (New Business Only) | <input type="checkbox"/> Safety Rules |
| <input type="checkbox"/> Business Plan (New Business Only) | <input type="checkbox"/> Waiver or Rental Agreement |
| <input type="checkbox"/> Currently Valued loss runs for the last 5 years | <input type="checkbox"/> Daily Safety Checklist |
| <input type="checkbox"/> Diagram of premises | <input type="checkbox"/> Lease Agreement |
| <input type="checkbox"/> Equipment List | |



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: