



BUNGEE TRAMPOLINE 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: BUSINESS INFORMATION

1. How did you hear about us?		
Are you an ERS or Inflatable Office customer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Business Name:	3. Year Business Started:	
4. Contact Name:	5. Phone Number:	
6. Mailing Address:		
City:	State:	Zip:
7. Email Address:	8. FEIN / SS#:	9. DOB:

Section 2: GENERAL INFORMATION

1. Location:	2. Estimated Total Gross Receipts:
3. # of Stations:	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
9. Are all attendants trained on manufacturer specific actions for fitting a harness? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2: GENERAL INFORMATION (Continued)

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. Do you always restrict users to one at a time per trampoline? <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. 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		
21. Is access to area around attraction restricted to attendants and one user per attraction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
22. Are user restrictions, warning and safety signs clearly posted by the entrance to the attraction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
23. Do you inspect all the equipment daily? <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Do you document your inspections with a written checklist and findings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
25. How long are records of inspections maintained?		
26. Describe the experience of the person(s) in charge of inspecting an supervising use of the bungee jump trampolines.		
27. Is this equipment always attended when set up? <input type="checkbox"/> Yes <input type="checkbox"/> No		
28. Is this equipment located in one site or moved from site to site?		
29. Do you always set up and take down the equipment if moved from the site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
30. Do you fully test and inspect the equipment after each set up? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Do you use a written checklist to document your testing and inspecting after each set up? <input type="checkbox"/> Yes <input type="checkbox"/> No		
32. How long do you retain the records of testing and inspecting your set up?		
33. Do all users sign and date a waiver and release document? (Please attach a copy) <input type="checkbox"/> Yes <input type="checkbox"/> No		
34. Are minors required to have a parent or legal guardian sign the waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No		
35. Does your waiver require signing party to represent in writing that they are over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
36. Do you require a legibly printed name of the signing party on your waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Section 2: GENERAL INFORMATION (Continued)

37. Is secured padding provided over the trampoline springs and frame perimeter? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Is the flooring beneath and surrounding the perimeter of the attraction padded? <input type="checkbox"/> Yes <input type="checkbox"/> No
39. What is the height clearance between the highest point of the attraction and the ceiling? <input type="checkbox"/> Yes <input type="checkbox"/> No
40. What is the perimeter clearance maintained around each attraction?
41. 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
42. Please provide the date of last inspection, testing authority, and any applicable certificate or inspection number.

PLEASE CONTINUE TO THE NEXT PAGES TO SIGN THE SIGNATURE & FRAUD PAGE

Section 3: Cyber Liability

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

Section 4: 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 5: Signature

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:

SUBMISSION CHECKLIST

Please attach the following applicable documents along with your completed application:

- Currently valued loss runs for the last 5 years
- Waiver or Rental Agreement
- Daily Safety Checklist



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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