

Trampoline Supplemental Application

Business Name: _____

DBA: _____

Mailing Address: _____

(City) (State) (Zip)

Location Address: _____

(City) (State) (Zip)

Website: _____

Years in operation: _____

Phone # of Facility _____ Federal ID # _____

Owner of Facility

Name: _____

Phone: _____

Cell: _____

Email: _____

Contact for Facility

Name: _____

Title: _____

Phone: _____

Cell: _____

Email: _____

Additional Insured's /Certificate Holders and mailing address (Please specify their interest in the operation. Example - Landowner, vendor, investor, etc.)

Landlord name and address:

Bank/lender name and address:

Other additional insured required:

Trampoline Supplemental Application

OPERATIONS RECEIPTS:

Admissions: _____

Concessions: _____

Party Sales*: _____

*60% of party sales will go toward an admissions rate / 40% will go towards a concessions rate

OTHER ATTRACTIONS (besides basketball/dodgeball):

Joust Battle / Beam

- Separate Area ☐ Part of Main Pit ☐
- Blocks ☐ Airbag ☐

Ninja / Obstacle Course

- Capacity _____
- Manufacturer _____

Rock Wall

- Manufacturer _____ Height of wall _____
- Auto Belay ☐ Yes ☐ No
- Attached to Foam Pit ☐ Yes ☐ No
- Age, Height, Weight Restrictions _____

Stunt Jump

- Separate Area ☐ Part of Main Pit ☐
- Manufacturer _____ Height of wall _____
- Gate Locking ☐ Yes ☐ No

Laser Tag

- Square Footage _____ Manufacturer _____

Other Attractions

Trampoline Supplemental Application

FACILITY INFORMATION

Do you ☐ Own ☐ Lease Square footage of facility: _____

Cost of trampoline park build out? _____ Estimated Annual Payroll _____

Days open per week: _____ Hours: _____

Employees: Full Time _____ Part Time _____ How many on an average day? _____

Do all employees wear uniforms or same apparel? ☐ Yes ☐ No

Do you have a no-jump policy for all employees while on duty? ☐ Yes ☐ No

Are any alcoholic beverages served or allowed on the premises? ☐ Yes ☐ No

Do you provide day care or babysitting services? ☐ Yes ☐ No

Do you provide after school and/or summer programs? ☐ Yes ☐ No

Do you have any overnight activities or events? ☐ Yes ☐ No

Do you have security cameras that cover the entire facility? ☐ Yes ☐ No

Do you have a backup system for all video surveillance? ☐ Yes ☐ No

- How many days full storage before “record over”: _____

Do you have fire alarms? ☐ Yes ☐ No

Do you have an automatic sprinkler system? ☐ Yes ☐ No

Is the facility inspected compliant with local fire codes? ☐ Yes ☐ No

Is assumption of risk/patron responsibility/safety signage present throughout facility? ☐ Yes ☐ No

Is there more than one public exit in the main building structure? ☐ Yes ☐ No

Do you have a first aid kit(s)? ☐ Yes ☐ No AED? _____

Is at least 1 employee CPR and First Aid certified? ☐ Yes ☐ No

Are the rides inspected by a state agency? ☐ Yes ☐ No

Any “cosmic/glow” jump times? ☐ Yes ☐ No

TRAMPOLINE INFORMATION:

Type of Trampoline: ☐ Wall to Wall ☐ Bungee ☐ Stand Alone ☐ Tumble Track

Manufacturer / Designer of trampoline system: _____

NOTE: If you have an airbag system, please list the manufacturer: _____

Is the park current with all ASTM standards? ☐ Yes ☐ No

Trampoline Supplemental Application

Are instructions given to jumpers prior to each session? ☐ Yes ☐ No

How are instruction given? ☐ Verbally ☐ Video

What is the ratio of court monitors to jumpers? _____

Are **ALL** participants required to sign waivers? ☐ Yes ☐ No

What is the minimum participation age? _____

Are participants separated by age and experience? ☐ Yes ☐ No

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

Patron responsibility/safety signage at entrance to each device? ☐ Yes ☐ No

Have you modified the trampoline system? ☐ Yes ☐ No

Is there an equipment maintenance and inspection program in place? ☐ Yes ☐ No

Any apparatus hanging from ceiling in jumping area? ☐ Yes ☐ No

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

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

Does a redundant fall through protection device exist under all jump surfaces? ☐ Yes ☐ No

Is impact absorbing matting completely covering springs and device frames? ☐ Yes ☐ No

Is impact absorbing matting attached to jump surfaces and secured to device frames? ☐ Yes ☐ No

PLEASE INCLUDE THE FOLLOWING DOCUMENTS:

☐ Waiver

☐ Employee/Operations Manual

☐ Business Plan (for new locations) with owner resume/bio

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 WARRATNIES 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, and the certificate/policy shall become null and void.

Print Applicant Name: _____

Title: _____

Applicant Signature: _____

Date: _____

Producer Name: _____

Producer Signature: _____

Date: _____