Covers inflatables, party rentals, trampoline parks, martial arts and similar recreation risks. Complete with CWCO-SUP-CORE and ACORD 125/126. Attach CWCO-SUP-ABUSE if minors participate. Activiti

APPLICANT NAME	PROPOSED EFFECTIVE DATE	IS THIS A NEW BUSINESS?

MAILING ADDRESS	CITY	STATE / ZIP	COUNTY	POPULATION WITHIN 50 MILES

CONTACT PERSON	PHONE	EMAIL	OTHER NAMES THE BUSINESS HAS USED

A OPERATIONS & OWNERSHIP

Applicant is:

- ☐ Individual
- ☐ Corporation
- ☐ Partnership
- ☐ Joint venture
- ☐ LLC
- ☐ Other

DETAILED DESCRIPTION OF BUSINESS ACTIVITIES, SPECIFICALLY AND BY LOCATION

Activities for which coverage is requested (check all that apply):

- ☐ Inflatable rentals — unsupervised
- ☐ Inflatable rentals — supervised
- ☐ Indoor inflatable facility
- ☐ Trampoline park
- ☐ Rock or climbing wall
- ☐ Zip line or ropes course
- ☐ Martial arts instruction
- ☐ Gymnastics or tumbling
- ☐ Dance instruction
- ☐ Mechanical rides
- ☐ Dunk tanks
- ☐ Foam parties
- ☐ Water slides
- ☐ Bounce houses at fairs / festivals
- ☐ Laser tag or paintball
- ☐ Go-karts
- ☐ Axe throwing
- ☐ Birthday party hosting
- ☐ Concessions / food service
- ☐ Equipment sales
- ☐ Other (describe above)

LENGTH OF SEASON	ANNUAL PAYROLL ($)	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES

OWNER / MANAGER NAME	ROLE	YEARS EXPERIENCE IN THIS BUSINESS	NOTES

ADDITIONAL LOCATION ADDRESS	CITY	STATE / ZIP	ACTIVITIES CONDUCTED

B RECEIPTS & LIMITS REQUESTED

RECEIPTS CATEGORY	ANNUAL GROSS RECEIPTS ($)	% OF TOTAL	NOTES

Complete rows for: inflatable rentals (non-supervised), inflatable rentals (with supervision), indoor facility, instruction/classes, concessions, other. Supervision means the applicant or its employees staff and su

Limits requested — per act / aggregate:

☐ $50,000 / $100,000 ☐ $150,000 / $300,000 ☐ $250,000 / $1,000,000
☐ $500,000 / $1,000,000 ☐ $1,000,000 / $2,000,000 ☐ Other

Self-insured retention:

☐ $1,000 ☐ $1,500 ☐ $2,500 ☐ $5,000 ☐ $10,000

INDOOR FACILITY SQUARE FOOTAGE	INDOOR FACILITY ADDRESS	MAXIMUM PARTICIPANTS AT ONE TIME

C EQUIPMENT & INSPECTION

MANUFACTURER(S) OF INFLATABLES OR EQUIPMENT USED	HOW OFTEN EQUIPMENT IS CHECKED AND INSPECTED	WHO IS RESPONSIBLE FOR INSPECTIONS

C1 Are all inflatables commercial-grade PVC coated vinyl material? ☐ Yes ☐ No
IF YES, EXPLAIN

C2 Is all other equipment commercial grade? ☐ Yes ☐ No
IF YES, EXPLAIN

C3 Are stakes or sandbags used to anchor every inflatable unit? ☐ Yes ☐ No
IF YES, EXPLAIN

C4 Is a written maintenance and inspection log kept for each unit? ☐ Yes ☐ No
IF YES, EXPLAIN

C5 Is equipment removed from service in winds above the manufacturer's stated limit, and is wind speed monitored? ☐ Yes ☐ No
IF YES, EXPLAIN

C6 Is any equipment purchased used, or manufactured outside the United States? ☐ Yes ☐ No
IF YES, EXPLAIN

ITEM NAME / DESCRIPTION	MANUFACTURER	SERIAL NO.	DIMENSIONS	AGE & WEIGHT RESTRICTIONS	VALUE ($)	PROTECTIVE GEAR REQUIRED?

D RISK MANAGEMENT & SUPERVISION

D1 Is a liability release waiver or rental contract used with every customer? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to D1, attach a copy of the waiver and rental contract.

D2 Is a rental checklist reviewed with the rental customer at delivery? ☐ Yes ☐ No
IF YES, EXPLAIN

D3 Are age, height and weight requirements posted and enforced for every activity? ☐ Yes ☐ No
IF YES, EXPLAIN

D4 Are staff trained and documented in setup, supervision, and emergency procedures? ☐ Yes ☐ No
IF YES, EXPLAIN

D5 Is a written emergency action plan in place, and is a first aid kit maintained at every site? ☐ Yes ☐ No
IF YES, EXPLAIN

D6 Are participants ever left unsupervised on equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

MINIMUM AGE FOR PARTICIPATION	STAFF-TO-PARTICIPANT SUPERVISION RATIO	ARE MINORS REQUIRED TO HAVE PARENTAL WAIVER?	IS CPR / FIRST AID CERTIFICATION REQUIRED OF STAFF?

DESCRIBE THE DRUG AND ALCOHOL POLICY, AND THE PROCEDURE WHEN AN APPLICANT OR EMPLOYEE FAILS A DRUG TEST

D7 Does the applicant employ anyone whose job description covers product liability, loss control, safety inspection, engineering or professional consulting? ☐ Yes ☐ No
IF YES, EXPLAIN

E INSURANCE HISTORY

A five-year loss and claims history with details is required with this submission.

COVERAGE TYPE	COMPANY NAME	POLICY TERM	EXPIRATION DATE	ANNUAL PREMIUM ($)

E1 Has the applicant or any predecessor ever had a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

E2 Has there been any incident, event, occurrence, loss or wrongful act that might give rise to a claim prior to inception? ☐ Yes ☐ No
IF YES, EXPLAIN

E3 Has the applicant, or anyone on the applicant's behalf, attempted to place this risk in standard markets? ☐ Yes ☐ No
IF YES, EXPLAIN

If standard markets are declining placement, explain why in the field above.

NARRATIVE FOR EACH LOSS OVER $10,000 — CAUSE, CORRECTIVE ACTION TAKEN, AND CURRENT STATUS

F ENCLOSURES & ADDITIONAL INFORMATION

Documents enclosed with this submission:

- ☐ Brochure
- ☐ Rental contract
- ☐ Emergency plan
- ☐ First aid kit list
- ☐ Advertising materials
- ☐ Operating / procedural manual
- ☐ Personnel roster
- ☐ Purchase invoices
- ☐ Liability waiver
- ☐ Staff manual
- ☐ Registration form
- ☐ Schedule of equipment

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW

G REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. Activities not identified in this supplemental, and for which no coverage charge has been made, are excluded.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE