Facility Name & Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # of facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Year operation started \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Type of Trampoline \_\_\_Wall to Wall \_\_\_\_Bungee \_\_\_\_Stand Alone \_\_\_\_Tramp Track
3. Devices other than trampolines? (Please list i.e. rings, bars, zip lines, inflatable, arcades, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Manufacturer of trampoline system? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. Is Trampoline Park compliant with NFPA 701? \_\_\_YES \_\_\_NO
   2. Is Trampoline Park compliant with ASTM F1159 and ASTM F 2375? \_\_\_YES \_\_\_NO
5. Are safety signs posted at your facility? \_\_\_YES \_\_\_\_NO
6. Are ALL participants required to sign waivers? \_\_\_YES \_\_\_\_NO
7. Are Parents or legal guardians required to sign waivers on behalf of all minors (under 18) \_\_\_\_YES \_\_\_\_NO
8. What is the minimum participation age or height? \_\_\_\_
9. Are children under age permitted to jump with parent/guardian \_\_\_YES \_\_\_\_NO
10. Are participants separated by age, height and experience? \_\_\_YES \_\_\_\_NO
11. Is all equipment inspected prior to each jump session? \_\_\_YES \_\_\_\_NO
12. Do you repair your own trampoline equipment? \_\_\_YES \_\_\_\_NO
    1. If you don’t, who does your repairs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    2. What are the manufacturer’s requirements for repairs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Have you modified the trampoline system? \_\_\_YES \_\_\_\_NO

If yes, in what way? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. # of Employees: Full Time\_\_\_\_\_\_\_\_\_ Part Time\_\_\_\_\_\_\_\_\_
2. Estimated annual payroll: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have an employee handbook: \_\_\_\_YES \_\_\_\_NO
4. Do you hold staff meetings: \_\_\_\_YES \_\_\_\_NO
5. Do you have an employee safety program: \_\_\_\_YES \_\_\_\_NO
   1. If yes please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many employees know CPR/or are first aid certified: \_\_\_\_\_\_\_\_\_\_
2. Do you have fire alarms: \_\_\_\_YES \_\_\_\_NO
3. How many fire extinguishers: \_\_\_\_\_
4. Are your employees trained to use fire extinguishers: \_\_\_\_YES \_\_\_\_NO
5. Do you have first aid kits: \_\_\_YES \_\_\_NO
   1. How many:\_\_\_\_\_ Where are they located:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Do your employees wear uniforms or similar apparel: \_\_\_\_YES \_\_\_\_NO
7. Do your employees attend Industry Training Sessions: \_\_\_\_YES \_\_\_\_NO
8. How are employees trained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Do you have a rules speech before each jump session? \_\_\_\_YES \_\_\_\_NO
10. Do you contract or employ any security: \_\_\_YES \_\_\_NO
    1. If yes, are they contracted or employed: \_\_\_\_\_\_\_\_\_\_
11. How many court monitors/ security cameras are used? \_\_\_\_\_\_\_\_\_\_\_
    1. How are they positioned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Are alcoholic beverages served or allowed on the premises: \_\_\_Yes \_ \_\_NO
13. Do you provide day care or babysitting services: \_\_\_YES \_\_\_NO
14. Do you provide after school and/or summer programs: \_\_\_YES \_\_\_NO
15. Do you have overnight activities or events: \_\_\_YES \_\_\_NO
16. Other devices other then trampolines? (Rings, bars, basketball hoops, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Total square footage of trampolines \_\_\_\_\_\_\_\_\_\_\_\_
   1. Total number of Courts \_\_\_\_\_\_\_\_\_\_\_\_
   2. What is the court capacity for
      1. Basketball \_\_\_\_\_\_\_\_\_\_\_
      2. Open Jump \_\_\_\_\_\_\_\_\_\_\_\_
      3. Dodge ball \_\_\_\_\_\_\_\_\_\_\_\_
      4. Toddler Court \_\_\_\_\_\_\_\_\_\_\_\_
      5. Foam Pit Court \_\_\_\_\_\_\_\_\_\_\_\_
      6. Fitness Classes \_\_\_\_\_\_\_\_\_\_\_\_
2. Are jumpers separated from basketball and/or dodge ball players? \_\_YES \_\_NO
3. Are balls collected when not in play? \_\_YES \_\_NO
4. Where are balls kept when not in play? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Are competitive jumping lessons taught? \_\_YES \_\_NO
6. Do you own or lease the premises? \_\_\_OWN \_\_\_LEASE
7. If a lease, does it require higher liability limits than $1M/$2M? \_\_YES \_\_NO

if so, what amount? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Square footage of building \_\_\_\_\_\_\_\_\_\_\_
2. Square footage of occupied space in building \_\_\_\_\_\_\_\_\_
3. Age of building \_\_\_\_\_\_\_\_\_\_\_\_
4. If building is older than 10 years, when were most recent updates for:

Roof \_\_\_\_ HVAC \_\_\_\_ Electrical \_\_\_\_ Plumbing \_\_\_\_

1. Do you have central station alarms? \_\_\_YES \_\_\_NO
2. What is the value of all equipment? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have Automatic Sprinkler system? \_\_\_YES \_\_\_NO
4. Any apparatus hanging from ceiling in jumping area? \_\_\_YES \_\_\_NO
   1. If yes, distance from jumping area to apparatus \_\_\_\_\_\_\_\_ft
   2. If yes, distance from jumping area to ceiling \_\_\_\_\_\_\_\_ft
5. Do entrance, platforms and lines have impact absorbing material on all surfaces within 48” of device frames (floor, patron barriers, banisters, rails etc)?

\_\_\_YES \_\_\_NO

1. Is barrier netting at top of all platform barriers? \_\_\_YES \_\_\_NO
2. Is a barrier or gate used to prevent unauthorized access to devices? \_\_\_YES \_\_\_NO
3. Does a redundant fall through protection device exist under all jump surfaces?

\_\_\_YES \_\_\_NO

1. Is impact absorbing matting completely covering springs and device frames? \_\_\_YES \_\_\_NO
2. Is impact absorbing matting completely attached to jump surfaces and secured to device frames? \_\_\_YES \_\_\_NO
3. Does patron barrier netting meet the requirements of No Hold barrier Nettings? (ASTMF 2375) \_\_\_YES \_\_\_NO
4. Patron responsibility signage at entrance to each device? \_\_\_Yes \_\_\_No
5. Hours of Operation
   1. Monday \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_
   2. Tuesday \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_
   3. Wednesday \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_
   4. Thursday \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_
   5. Friday \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_
   6. Saturday \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_
   7. Sunday \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_
6. Are instructions given to jumpers prior to each session? \_\_\_YES \_\_\_NO

How are instruction given? \_\_\_\_Verbally \_\_\_\_ Video

POLICY INFORMATION:

|  |  |  |  |
| --- | --- | --- | --- |
| Prior Carrier | Limit of Liability | Premium | Deductible |
|  |  |  |  |

Expiration date of current policy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your policy ever been canceled/ non-renewed: \_\_\_\_YES \_\_\_\_ NO

If yes please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any claims? \_\_\_YES (if yes, then provide details on a separate sheet) \_\_\_\_NO

**Operations Receipts:**

(If there is more than one location, please provide information for each location)

Last Year Projected This Year

Admission Fees: $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Party/Special Event Fees: $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Merchandise: $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Concessions: $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Rock Climbing Wall: $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Laser Tag: $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Arcade: $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Other: $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Total: $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

PLEASE ATTACH:

1. Court Maintenance
2. Court rules and safety guide
3. Management guide
4. Employee training guide
5. Waiver
6. Business Plan
7. Resume of owners
8. Operating Instructions for each device
9. Current loss runs from your carrier

Please return this to fax 801-621-5763 or email it to [info@InsureTrampolineParks.com](mailto:info@InsureTrampolineParks.com)