
Inflatable / Rentals Application

Business name: _____

DBA: _____

Mailing address: _____
Street City State Zip County

Location 1: _____
Street City State Zip County

Location 2: _____
Street City State Zip County

Location 3: _____
Street City State Zip County

Website address of business: _____

Email address of business: _____

Phone # of business: _____ Fax # of business: _____

Federal ID #: _____ **Date business started:**

Type of Entity (Corp. Individual, Partnership, Joint Venture, LLC) _____

Owner of Business:

Contact Person of Business:

Name: _____

Name: _____

Phone: _____

Title: _____

Cell: _____

Phone: _____

Email: _____

Cell: _____

Other: _____

Email: _____

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

Policy Information

Proposed Effective Date _____

Expiration date of policy: _____

Has your policy ever been canceled/non renewed: Yes No If yes, explain:

Present Coverage

	General Liability	Umbrella/Excess	Property/ Inland Marine
Name of Carrier:			
Limits of liability:			
Deductible:			
Premium:			

Note: For new owner/operators, we require a resume and business plan prior to quoting.

Please attach **Five** year currently valued / updated loss runs from prior carriers. If any claim activity please give details below:

Note: We cannot quote without updated loss runs from prior carriers.

Other required attachments include equipment schedule, written safety programs, maintenance programs, rental agreements, hold harmless agreements and any waivers.

Business Information

Operations Receipts:

Inflatable bouncer(s): _____ Inflatable slide(s): _____ Tables/tents/chairs: _____ Misc. rental & supplies: _____ Arcade games: _____ Interactive game(s): _____ Performer(s): _____ Mechanical: _____ Event planner(s): _____ Food/beverage equip: _____	Rock climbing wall(s): _____ Mechanical bull(s): _____ Euro bouncer(s): _____ Other (please write in activities and receipts if not listed) _____ _____ _____ _____ _____ <p style="text-align: right;">Total _____</p>
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Important: To get a quote **you must** attach an equipment schedule to the back of this application

Is This Business

- An inflatable fun facility -
At a Fixed location:
Yes No
- An inflatable rental company -
Primarily rents inflatables, small mechanical devices, games and party supplies:
Yes No
- A party rental store -
Primarily rents party supplies, some inflatables and / or small mechanical devices:
Yes No
- A rental operation -
Primarily rents devices and related equipment:
Yes No
- Event planners -
Will rent or supply items for an event and will depend on subcontractors to supply the remaining goods and services
Yes No
- A franchise:
 Yes No

Business Questions

- # of employees: _____ Do you do any catering: Yes No
- Do you have a formal written safety program that includes employee and customer training: *(If so, please attach a copy)* Yes No
- Is there a formal ride / equipment maintenance program: *(If so, please attach a copy)* Yes No
- Is there any rental agreement between you and your client: *(If so, please attach a copy of waiver)* Yes No
- Does the rental agreement contain a hold harmless or indemnity clause: *(If so, please attach a copy of waiver)* Yes No
- Do you have an employee handbook: Yes No
- Are your amusement devices/rides inspected by the state: Yes No
- Do you have fireworks display: *(If yes, are the displays managed by employees or contractor)* _____ Yes No

Equipment

- Do you utilize the Watchdog Siren Warning Device: Yes No
- Is equipment stored inside: Yes No
- Is equipment stored outside: Yes No
- Is your storage facility secured: Yes No
- Is the equipment left overnight at the site where it was used: Yes No
- Do you rent out any amusement devices/rides without operators/attendants: Yes No
- Do the amusement devices/rides have signs marking age, height, or size limitations: Yes No
- Is the manufacturer's check list for the set up and use of the equipment: Yes No

Additional Information/Comments

Required Attachments

We cannot quote without the following information

Updated loss runs from prior carriers Equipment schedule Hold harmless agreements

Rental agreements Any waivers Maintenance programs Written safety programs

Note: For new owner/operators, we require a resume and business plan prior to quoting.

Fraud Warnings

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

Applicant Signature:

Title

Date

Producer Signature:

Date:

Producer name and address:

