

Trampoline Park Questionnaire

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? _____
 - a. Is Trampoline Park compliant with NFPA 701? ___ YES ___ NO
 - b. 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

a. If you don't, who does your repairs?

b. What are the manufacturer's requirements for repairs?

13. Have you modified the trampoline system? ___ YES ___ NO
If yes, in what way?

14. # of Employees: Full Time _____ Part Time _____

15. Estimated annual payroll: \$ _____

16. Do you have an employee handbook: ___ YES ___ NO

17. Do you hold staff meetings: ___ YES ___ NO

18. Do you have an employee safety program: ___ YES ___ NO

a. If yes please explain: _____

19. How many employees know CPR/or are first aid certified: _____

20. Do you have fire alarms: ___ YES ___ NO

21. How many fire extinguishers: _____

22. Are your employees trained to use fire extinguishers: ___ YES ___ NO

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23. Do you have first aid kits: YES NO
 a. How many: _____ Where are they located: _____
24. Do your employees wear uniforms or similar apparel: YES NO
25. Do your employees attend Industry Training Sessions: YES NO
26. How are employees trained?

27. Do you have a rules speech before each jump session? YES NO
28. Do you contract or employ any security: YES NO
 a. If yes, are they contracted or employed: _____
29. How many court monitors/ security cameras are used? _____
 a. How are they positioned?

30. Are alcoholic beverages served or allowed on the premises: Yes NO
31. Do you provide day care or babysitting services: YES NO
32. Do you provide after school and/or summer programs: YES NO
33. Do you have overnight activities or events: YES NO
34. Other devices other than trampolines? (Rings, bars, basketball hoops, etc.)

35. Total square footage of trampolines _____
 a. Total number of Courts _____
 b. What is the court capacity for
 i. Basketball _____
 ii. Open Jump _____
 iii. Dodge ball _____
 iv. Toddler Court _____
 v. Foam Pit Court _____
 vi. Fitness Classes _____
36. Are jumpers separated from basketball and/or dodge ball players? YES NO
37. Are balls collected when not in play? YES NO
38. Where are balls kept when not in play? _____
39. Are competitive jumping lessons taught? YES NO
40. Do you own or lease the premises? OWN LEASE
41. If a lease, does it require higher liability limits than \$1M/\$2M? YES NO
 if so, what amount? \$ _____
42. Square footage of building _____
43. Square footage of occupied space in building _____
44. Age of building _____

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45. If building is older than 10 years, when were most recent updates for:
Roof ____ HVAC ____ Electrical ____ Plumbing ____
46. Do you have central station alarms? ____YES ____NO
47. What is the value of all equipment? \$_____
48. Do you have Automatic Sprinkler system? ____YES ____NO
49. Any apparatus hanging from ceiling in jumping area? ____YES ____NO
- a. If yes, distance from jumping area to apparatus _____ft
- b. If yes, distance from jumping area to ceiling _____ft
50. 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
51. Is barrier netting at top of all platform barriers? ____YES ____NO
52. Is a barrier or gate used to prevent unauthorized access to devices?
____YES ____NO
53. Does a redundant fall through protection device exist under all jump surfaces?
____YES ____NO
54. Is impact absorbing matting completely covering springs and device frames?
____YES ____NO
55. Is impact absorbing matting completely attached to jump surfaces and secured to device frames? ____YES ____NO
56. Does patron barrier netting meet the requirements of No Hold barrier Nettings? (ASTMF 2375) ____YES ____NO
57. Patron responsibility signage at entrance to each device? ____Yes ____No
58. Hours of Operation
- a. Monday _____ to _____
- b. Tuesday _____ to _____
- c. Wednesday _____ to _____
- d. Thursday _____ to _____
- e. Friday _____ to _____
- f. Saturday _____ to _____
- g. Sunday _____ to _____
59. 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

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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