



# INFLATABLE OPERATORS APPLICATION

PO Box 188  
Simpsonville, SC 29681  
Phone: (864) 688-0121  
Fax: (864) 688-0138  
www.cossioinsurance.com

Corporate Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Trade Name: \_\_\_\_\_ FEIN & SS#: \_\_\_\_\_  
 Entity Type: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Location Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

How many years of management experience do you have? \_\_\_\_\_

## DESCRIPTION OF OPERATIONS

TYPE OF OPERATION	ANNUAL RECEIPTS
<input type="checkbox"/> Rental with Operators	\$
<input type="checkbox"/> Rental without Operators	\$

Pay for Play? Yes No If so do you have signage up? Yes No

Describe/ List specialized training or memberships: \_\_\_\_\_  
 \_\_\_\_\_

Are written instructions, procedures, and training provided for employees Yes No

Are there written Customer Training Procedures? (please attach) Yes No

How many attendants/operators accompany each piece of equipment at the rental site? \_\_\_\_\_

Is equipment ever left overnight? Yes No If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Are there age/height/weight limitations for users on all devices? Yes No

If yes, are they clearly displayed - sewn into or silkscreened on all devices? Yes No

Are the inflatables set up on a flat surface and properly grounded? Yes No

Do you prohibit the use by adults (over 15 yrs old) & children at the same time? Yes No

Do you have Watchdog Siren Warning devices? Yes No

If yes, how many? \_\_\_\_\_

Are Release of Liability forms signed by renters of the equipment? (Rental Agreement) Yes No

Do you maintain & operate equipment in accordance with manufacturer's instructions? Yes No

How often is equipment inspected for damages/safety? \_\_\_\_\_

Is there a scheduled maintenance plan? Yes No

Is there Customer Pick Up? Yes No

Do you want property coverage for your inventory? Yes No

### Required Attachments

- Rental Agreement
- Training Procedures



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## POLICY INFORMATION

Please complete all the items below:

COVERAGE	INSURANCE CO.	POL. DATE	LIMITS	PREMIUM	
General Liability					Sales on Pol : _____ Deductible : _____
Automobile					Radius: _____ # Trucks: _____ # Vans: _____ # Priv. Pass: _____ # Trailer: _____
Property					Payroll: _____ Bldg. Value: _____ Contents: _____ Bus. Income: _____ Prop. off Prem: _____
Umbrella					

## CLAIMS INFORMATION\*

Indicate below, the **Average number of Claims and Annual Amount** Incurred in the last three years:

Year	LIABILITY		AUTO		PROPERTY	
	# Claims	Total Amount	# Claims	Total Amount	# Claims	Total Amount

**\*Note: Please forward current loss runs from your carrier, along with this application.**

## WARRANTY

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 WARRANTIES 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, & the certificate/policy shall BECOME NULL AND VOID.

Print Applicant Name: \_\_\_\_\_

Title: \_\_\_\_\_

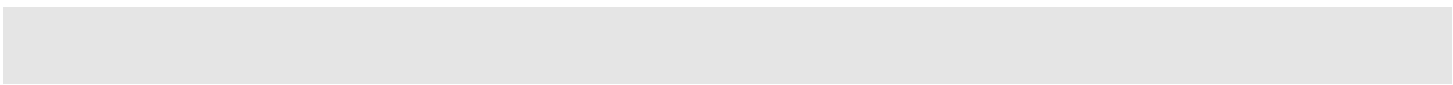
Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_





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**INSURED:** \_\_\_\_\_

	Item - Name/Description	Age	Manufacturer	Serial Number	Dimensions	Height and Weight Restrictions	Value	Protective Gear Required
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
						<b>Total Value of All Equipment:</b>		

**Note:** following activities require prior approval by the insurance company:

- Slides with height exceeding 25 feet (specify that the height is to the platform where they stand)
- Ropes course

