



## INFLATABLE BOUNCE OPERATORS APPLICATION

The following information must accompany this application:

- Copy of your waiver/rental agreement
- A photo of each unit if pictures are not available on a website

**PLEASE ANSWER ALL QUESTIONS IN ENGLISH. IF THEY DO NOT APPLY, INDICATE “N/A” - IF SPACE IS INSUFFICIENT, PLEASE USE SEPARATE SHEETS.**

### APPLICANT INFORMATION

1. Applicant’s name and all subsidiaries:

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2. Applicant’s mailing address:

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Site web | Website: \_\_\_\_\_

3. How long has applicant been in business under the above name? \_\_\_\_\_

4. Description of operations:

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5. Length of operating season

From: \_\_\_\_\_ To: \_\_\_\_\_

6. Provinces operated in:

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If operating in Ontario, is the Insured TSSA licensed?  Yes  No

7. Description of all inflatable and amusement devices operated by Insured. Please include a picture of each device if a website is not available.

Manufacturer, model, serial number	Height	Width	Lenght	Age	Valeur
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Does this application contain a complete list of all inflatable play products and rental inventory owned by you?

Yes  No



8. Do you require that waivers be signed by all renters? (Copy required)  Yes  No  
 Are specific operating instructions provided to each renter? (Copy required)  Yes  No  
 What are the specific restrictions with respect to  
 Maximum and minimum allowed age of participant for each device, please indicate: \_\_\_\_\_  
 (NOTE : Maximum age cannot be more than 13 years old)  
 Maximum weight allowance: \_\_\_\_\_  
 Maximum number of children allowed on device: \_\_\_\_\_  
 Are participants grouped by similar age and size  Yes  No  
 If your restrictions, rules and regulations differ from the manufacturer's, please provide an explanation (Copy of each required)

(Copy of each required)

- Who are your clients:  
 Private parties only  
 Public/commercial events only  
 Private parties and public events  
 Percentage:  
 Private parties % \_\_\_\_\_  
 Public/commercial events % \_\_\_\_\_  
 Details: \_\_\_\_\_
- Other  
 Details: \_\_\_\_\_

9. Do you keep a first aid kit on site when you are supervising the operation of the device?  Yes  No

10. For public/commercial Events, do you or your employee(s) stay in attendance and supervise the unit?  Yes  No  
 If No, please provide details: \_\_\_\_\_

- For private parties, is it part of your rental agreement that the device be attended by a parent/adult at all times while in operations?  Yes  No  
 If No, please provide details: \_\_\_\_\_

11. Who is responsible for the set up and take down of the inflatable device(s)? \_\_\_\_\_
- Provide complete details of the set up and the tie down procedures for both sod/dirt and concrete/asphalt surfaces: \_\_\_\_\_



12. If any of your operations are at an indoor venue(s), please advise:

Percentage:

Outdoor set up:

% \_\_\_\_\_

Indoor set up:

% \_\_\_\_\_

Type of location(s) – mall, school gym, church hall, etc.

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Complete details of indoor set up procedures including the type of underlying surface and how the device is secured:

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Distances required from ceiling/walls:

Ceiling

\_\_\_\_\_ feet

Walls

\_\_\_\_\_ feet

13. Do you sell or will you include with the rental any food, novelties or birthday bags?

Yes  No

If Yes, please describe:

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14. If you are operating out of a permanent or semi-permanent location: Will parental supervision or a parental presence be required at all times?

Yes  No

If Yes, please describe:

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Does the operator provide a child drop-off service?

Yes  No

If Yes, please describe:

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15. Does your operation involve any event planning operations other than the inflatable bounce rentals?

Yes  No

If Yes, please describe:

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16. Does your organization engage in any other activities or operations under this same legal?

Yes  No

If Yes, please describe:

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17. List all entities requiring Additional Insured status on your policy:

Name	Mailing address	Reason for additional insured status	Certificate of insurance requested
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No



**18. Gross receipts**

Include a copy of the Insured's most recent financial statement if available.

Gross receipts	Actual last year	Anticipated coming year
Inflatable device rentals		
Food and novelties Describe: _____		
Other Describe: _____		
<b>Total receipts</b>		

Other sources:

\_\_\_\_\_

**19. Does applicant presently carry insurance?**

Yes  No

If Yes, who is the present insurer \_\_\_\_\_

Premium

\$ \_\_\_\_\_

Expire date \_\_\_\_\_

Is the present insurance claims made? \_\_\_\_\_

Yes  No

If Yes, state retro date \_\_\_\_\_

**20. Are they willing to renew?**

Yes  No

If No, please explain \_\_\_\_\_

Does the policy cover all operations of the applicant? \_\_\_\_\_

Yes  No

If No, describe: \_\_\_\_\_

**20. Claims history**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of occurrence	Describe occurrence and injury or damage	Réserve (\$)	Paid (\$)	Expenses (\$)	Deductible (\$)	Status

Are you aware of any other incidents which may result in claims against you? \_\_\_\_\_

Yes  No

If Yes, give details \_\_\_\_\_

**DECLARATION AND SIGNATURE**

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.



This application does not bind the applicant or the company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the company, is made for the use and benefit of the company only and is not to be relied upon by the applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

Applicant's signature: \_\_\_\_\_

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

Please send the completed, signed and dated application to [underwriting@revau.com](mailto:underwriting@revau.com).