



Grain Insurance & Guarantee Company

APPLICATION FOR INFLATABLE BOUNCE OPERATORS



In order to quote, the following information must accompany this application:

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

1. Name of Broker: _____
2. Phone Number: _____ Fax Number: _____
3. Name of Insured: _____
 Contact Person: _____ Title: _____ Phone Number: _____
4. Mailing Address: _____
5. Year Operation Commenced: _____
6. Length of Operating Season From: _____ To: _____
7. Provinces Operated in: _____
 If operating in the province of Ontario is the Insured TSSA licensed? Yes No
 In all other provinces, are you properly licensed to operate or conduct this business? Yes No
8. Operations outside of Canada? Yes No Details: _____
9. Website: _____
10. Policy Term: From: _____ To: _____
11. Miscellaneous Property Floater Required *: Yes No *List value(s) below: Broad Form, 100% coinsurance, \$ _____ deductible
12. Commercial General Liability Limit Required: \$ _____ Reimbursement Clause: \$ _____

UNDERWRITING INFORMATION

13. DESCRIPTION of all inflatable and amusement devices operated by the insured (this must include complete details of the Manufacturer, Model and Serial Number, Dimensions and Age or we will be unable to quote)
A picture of each device must accompany the application if a website is not available

* If Property Coverage is required, list the ACTUAL CASH VALUE of each device

	MANUFACTURER, MODEL, SERIAL NUMBER	HEIGHT	WIDTH	LENGTH	AGE	
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

14. Do you require that waivers be signed by all renters? Yes No (copy required)

Are specific operating instructions provided to each renter? Yes No (copy required)

What are the specific restrictions with respect to:

a) Maximum and Minimum allowed age of participant for each device, please indicate: (Note: Maximum age can not be more than 13 years old)

b) Maximum Weight allowance: _____

c) Maximum number of children allowed on device: _____

d) Are participants grouped by similar age and size? Yes No

d) If your restrictions, rules and regulations differ from the manufacturer's, please provide an explanation (copy of each required): _____

e) Who are your clients:

i) Private Parties Only

ii) Public / Commercial Events Only

iii) Private Parties and Public Events

Percentage of each: Private Parties: _____ %

Public/Commercial Events: _____ %

Details: _____

iv) Other:

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

16. a) For Public / Commercial Events, do you or your employee(s) stay in attendance and supervise the unit? Yes No

If no, provide details: _____

b) For Private parties, is it part of your rental agreement that the device be attended by a parent / adult at all times while in operation? Yes No If No, provide details: _____

17. a) Who is responsible for the set up and take down of the inflatable device(s): _____

b) Provide complete details of the set up and the tie down procedures for both sod/dirt and concrete/asphalt surfaces: _____

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

a) Percentages split between: i) Indoor set up: _____ %

ii) Outdoor set up: _____ %

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

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

d) Distances required from ceiling / walls Roof: _____ feet Walls: _____ feet

NOTE: If an indoor setup is more than 1 week or if a device is set up permanently at any one location see item 19.

19. Do you sell or will you include with the rental any food, novelties or birthday bags? Yes No If yes, describe: _____

20. If you are operating at a **permanent or semi-permanent location**, and require property coverage, please provide the following:

Property Coverage Required: _____

a) Location: _____

- b) Construction: Height: _____ Roof: _____
 Walls: _____ Floor: _____
- c) Heating: Natural gas lp gas Oil Electric Other: _____
 Forced air Hot water Steam Radiant
- d) Building Age: _____
 Upgrades: (Details & date of upgrades must be indicated if building is over 25 years old)
 Plumbing: _____ Heating: _____
 Roof: _____ Electrical: _____
- e) Sprinklered: Yes _____ % No Last tested: _____
- f) Monitored Burglar Alarm: Yes No Details: _____
-
- g) Window Protection: Yes No Details: _____
- h) Area: Industrial Commercial Residential Agricultural Urban Suburban Rural
- i) Fire Protection: Within 500 ft of a fire hydrant Yes No Within 1000 ft of a fire hydrant Yes No
 Within _____ km of a fire hall Fire Department: volunteer full time - paid

21. If you are operating out of a **permanent or semi-permanent location**:

- a) Will parental supervision or a parental presence be required at all times? Yes No If No, please explain:

- b) Does the operator provide a child drop-off service? Yes No If Yes, please explain:

22. Does your operation involve any event planning operations other than the inflatable bounce rentals? Yes No
 If yes, please explain:

23. Does your Organization engage in any other activities or operations under this same legal entity? Yes No
 If Yes, provide details: _____

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

Name	Mailing Address	Reason for Additional Insured Status	Certificate of Insurance Required?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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 & Novelties (describe below)	\$ _____	\$ _____
Other (Describe below)	\$ _____	\$ _____
Total Receipts	\$ _____	\$ _____

OTHER: _____

CLAIMS, LOSS AND INCIDENT HISTORY FOR THE PAST 5 YEARS

Date	Cause	Amount Paid or Reserved (including fees)	Deductible or Reimbursement	Insurer

Prior Insurer and policy term: _____ Expiring Premium: _____

Has any company declined or cancelled any coverage? Yes No

If yes, please provide details: _____

BROKER RECOMMENDATION:

New business to submitting broker's office. Currently insured through submitting broker's office. Expiry Date: _____

If currently insured through your office, why is account being remarketed? _____

Is applicant known to selling broker? Yes No If yes, how long? _____ Years

Completed By: _____ Agency/ Brokerage: _____

CONSENT in accordance with the Act Respecting the Protection of Personal Information

If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfill their functions:

(A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection, or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.

- for the purpose of establishing the premium and the assessment of risk; and, (if you would like to consent now)
- for the purpose of verification, assessment and the settlement of losses;

Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.

(B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

**This insurance application is considered to include all provisions for all forms to be issued in accordance with this contract.
The total estimated policy premium is subject to adjustment.**

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO APPLICANT	DATE

INFLATABLE BOUNCE - LOSS PREVENTION INFORMATION

Good Loss prevention measures can reduce the occurrence of negative incidents and can protect you and your operation from claims that arise even when you have done everything within reason to prevent them.

Maintaining well-organized documents relating to each rental as well as keeping maintenance and inspection records on your devices is a strong defense against claims and suits for injury and damages.

You can commit to safety in your business by:

- 1) Selecting inflatable devices from providers who have demonstrated they have taken all reasonable steps and testing to ensure the safety of their products including all applicable safety standards and practices.
- 2) Complying with the manufacturer's specifications for the products or component being used.
- 3) Making sure that employees and customers receive appropriate written instructions relating to their jobs or use of the products.
- 4) Demanding professional setup and take down of the rental units to prevent serious claims involving improper set up.
- 5) Using Rental Contracts and Waiver of Liability Forms that place assumption of liability where it belongs.
- 6) Maintaining consistent quality control over the things you are responsible for and documenting that process. It is recommended that you keep all documentation for the period determined by the statute of limitations (for bodily injury) in the province you operate in or the province where your devices are rented.
- 7) Knowing the standards and licensing requirements for your industry and adhering to any applicable provincial standards.

If you require a sample copy of any forms that could assist you in your loss prevention efforts, please include your request along with the application. Our sample forms are intended for informational purposes only and are not intended to provide or offer any legal advice. You should consult with your attorney for legal advice regarding any Waivers, Hold Harmless and Indemnity Agreements.

- Pre Rental Checklist – Inspection Form
- Inspection & Maintenance Log Form
- Sample of a Waiver of Liability / Release Form
- Sample of a Rental Agreement with Hold Harmless and Indemnification Agreement