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CA# 0334819

JUMPING PAD/PILLOW SUPPLEMENTAL APPLICATION

Name of Insured:_____

1. Is the device deflated and not used in winds of more than 20 miles per hour? ❑ Yes ❑ No
2. Is there at least one attendant present during hours of operation? ❑ Yes ❑ No

   Number of attendants?_____
3. Are users grouped by size by the attendant(s) on duty? (smaller kids together vs. all ages levels) ❑ Yes ❑ No
4. How is the blower guarded? (Do children have access to this area? This must be supervised.)_____

   _____
5. Is jumping pad/pillow deflated at night? ❑ Yes ❑ No
6. Is jumping pad/pillow in a fenced area? ❑ Yes ❑ No

   Is area locked when not in use? ❑ Yes ❑ No
7. Are the rules for use posted, which should include, but not limited to: no flips, weight limit of users,

   and no use when surface is wet? ❑ Yes ❑ No

   (Please attach copy of rules/regulations)
8. Does insured use a waiver/release specifically referencing "jumping pad/pillow?" ❑ Yes ❑ No
9. Will the jumping pad/pillow be at the same location when inflated? ❑ Yes ❑ No
10. What surface will the jumping pad/pillow be sitting on?_____
11. How many blowers are being used at one time?_____
12. Are you operating under the manufacturer's recommended operational guidelines? ❑ Yes ❑ No
13. How is the jumping pad anchored and is this monitored during use to make sure it stays secure?_____

    _____
14. Provide photos of jumping pad/pillow area of activity.
15. Is this a charged activity? ❑ Yes ❑ No

    If Yes, please provide the total annual receipts from prior year or estimated receipts if new activity._____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

_____ _____

Applicant's Signature Date (MM/DD/YY)