



TRAMPOLINE PARK QUESTIONNAIRE

(Ed. 4-2014)

Applicant Name: _____

Mailing Address: _____

Property Name
and Address : _____

Agents Name: _____

Address: _____

Proposed Effective Date:

From: _____ To: _____

12:01 A.M. Standard Time at the address of the Applicant

1. Years in business: _____

2. Experience of Owners/Principals: _____

If this is a new operation, please provide details on owners'/principals' prior experience (attach resumes):

3. Type of Trampoline:

Wall to Wall: _____ Bungee: _____ Stand Alone: _____ Tramp Track: _____

4. Manufacturer/Brand of trampoline systems: _____

5. Are the trampoline systems fully compliant with ASTM and NFPA regulations:

a. ASTM F1159: Standard practice for design and manufacture of patron-directed amusement devices:

Yes () No ()

b. ASTM F2375: Standard practice for design, manufacture and installation of safety netting around tops of trampolines and foam pits: Yes () No ()

c. NFPA 701: Minimum flame resistance for materials from which pads and trampolines are made: Yes () No ()

6. Are safety signs posted at your facility and at the points of entry? Yes () No ()

7. What is the average ratio of participants to employee supervision? _____

8. What is the minimum ratio of participants to employee supervision? _____

9. Is every participant required to sign a waiver? Yes () No ()

10. Are parents or legal guardians required to sign waivers on behalf of all minors? Yes () No ()

11. What is the minimum participation age? _____

12. Are minors permitted to jump with parent/guardian? Yes () No ()

13. Are participants separated by age and experience? Yes () No ()

14. Are instructions given to jumpers prior to each session? Yes () No ()
a. How are they given? Verbally () Video () Written ()

15. How are employees trained?

16. Are background checks performed on all employees? Yes () No ()

17. Is all equipment inspected prior to each jump session? Yes () No ()

18. Do you repair trampoline equipment? Yes () No ()

- a. Name of contractor performing repairs: _____
- b. Are they insured? Yes () No ()
- c. Are certificates of general liability insurance required? Yes () No ()
- d. Do the certificates list you as an additional insured? Yes () No ()
- e. Do you execute written contracts with the contractor including indemnification clauses in your favor? Yes () No ()

19. Have you modified the trampoline system? Yes () No ()

If yes, how? _____

20. Are competitive jumping lessons taught? Yes () No ()

21. Are there devices/activities other than trampolines in the facility? (Please list i.e. rings, bars, climbing walls, basketball courts, etc):

22. Are jumpers separated from participants of other devices/activities listed above? Yes () No ()

23. Any apparatus hanging from ceiling in jumping area? Yes () No () If yes, complete the following:

- a. Distance from jumping area to apparatus: ____ ft
- b. Distance from jumping area to ceiling: ____ ft

24. Do entrances and platforms have impact-absorbing material on all surfaces within 48 inches of device frames (floor, patron barriers, banisters, rails, etc.) Yes () No ()

25. Is barrier netting at top of all platform barriers? Yes () No ()

26. Is barrier or gate used to prevent unauthorized access to devices? Yes () No ()

27. Does a redundant fall-through protection device exist under all jump surfaces? Yes () No ()

28. Is impact-absorbing matting completely covering springs and device frames? Yes () No ()

29. Is impact-absorbing matting attached to jump surfaces and secured to device frames? Yes () No ()

30. Total square footage of trampolines: _____

31. Do you own or lease the premises: Own () Lease ()

32. Square footage of building: _____

33. Do you have fire alarms? Yes () No ()

34. Do you have an automatic sprinkler system? Yes () No ()

35. Are all building/facility exits in compliance with applicable building codes? Yes () No ()

36. Hours of Operation:

a. Weekdays: _____ to _____

b. Weekends: _____ to _____

37. Total Estimated Sales for upcoming year and prior four years:

a. Projected Sales – Upcoming Year: _____

b. Actual - Current Year: _____

c. Actual – First Prior Year: _____

d. Actual – Second Prior Year: _____

e. Actual – Third Prior Year: _____

38. Do you sell food or beverages? Yes () No ()

a. Total food or beverage sales (if any): _____

Please note the following documents are material to completion of the questionnaire and must also be attached:

- Court Maintenance
- Court Rules and Safety Guide
- Management Guide
- Employee Training Guide
- Liability Waiver
- Business Plan
- Operating Instructions for Each Device

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Signature: _____

Date: _____

Typed Name: _____

Title: _____