THE INSURANCE CENTER, LLC
Insurance targeted for your business.

Trampoline Park Questionnaire

Facility Name & Address _____

Phone # of facility:_____   Federal ID #:_____

1. Year operation started   _____
2. Type of Trampoline ___Wall to Wall ____Bungee ____Stand Alone ____Tramp Track
3. Devices other than trampolines? (Please list i.e. rings, bars, zip lines, inflatable, arcades, etc)
   _____
4. Manufacturer of trampoline system? _____
   a. Is Trampoline Park compliant with NFPA 701?   ___YES ___NO
   b. Is Trampoline Park compliant with ASTM F1159 and ASTM F 2375? ___YES ___NO
5. Are safety signs posted at your facility?   ___YES   ____NO
6. Are ALL participants required to sign waivers?   ___YES   ____NO
7. Are Parents or legal guardians required to sign waivers on behalf of all minors
   (under 18)   ____YES   ____NO
8. What is the minimum participation age or height?   ____
9. Are children under age permitted to jump with parent/guardian   ___YES   ____NO
10. Are participants separated by age, height and experience?   ___YES   ____NO
11. Is all equipment inspected prior to each jump session?   ___YES   ____NO
12. Do you repair your own trampoline equipment?   ___YES   ____NO
    a. If you don't, who does your repairs?
       _____
    b. What are the manufacturer's requirements for repairs?
       _____
       _____
13. Have you modified the trampoline system?   ___YES   ____NO
    If yes, in what way?
    _____
14. # of Employees: Full Time_____   Part Time_____
15. Estimated annual payroll: $_____
16. Do you have an employee handbook: ____YES ____NO
17. Do you hold staff meetings: ____YES ____NO
18. Do you have an employee safety program: ____YES ____NO
    a. If yes please explain: _____
       _____
19. How many employees know CPR/or are first aid certified: _____
20. Do you have fire alarms: ____YES ____NO
21. How many fire extinguishers: _____
22. Are your employees trained to use fire extinguishers: ____YES ____NO

Trampoline Park Questionnaire

23. Do you have first aid kits: ___YES ___NO
    a. How many:_____ Where are they located:_____
24. Do your employees wear uniforms or similar apparel: ____YES ____NO
25. Do your employees attend Industry Training Sessions: ____YES ____NO
26. How are employees trained?

    _____
27. Do you have a rules speech before each jump session?   ____YES   ____NO
28. Do you contract or employ any security: ___YES ___NO
    a. If yes, are they contracted or employed: _____
29. How many court monitors/ security cameras are used?   _____
    a. How are they positioned?

       _____

       _____
30. Are alcoholic beverages served or allowed on the premises: ___Yes _ __NO
31. Do you provide day care or babysitting services: ___YES ___NO
32. Do you provide after school and/or summer programs: ___YES ___NO
33. Do you have overnight activities or events: ___YES ___NO
34. Other devices other then trampolines? (Rings, bars, basketball hoops, etc.)

    _____

    _____
35. Total square footage of trampolines   _____
    a. Total number of Courts   _____
    b. What is the court capacity for
        i. Basketball   _____
        ii. Open Jump   _____
        iii. Dodge ball   _____
        iv. Toddler Court   _____
        v. Foam Pit Court   _____
        vi. Fitness Classes   _____
36. Are jumpers separated from basketball and/or dodge ball players? __YES __NO
37. Are balls collected when not in play?   __YES __NO
38. Where are balls kept when not in play? _____
39. Are competitive jumping lessons taught?   __YES __NO
40. Do you own or lease the premises?   ___OWN   ___LEASE
41. If a lease, does it require higher liability limits than $1M/$2M?   __YES __NO
        if so, what amount? $_____
42. Square footage of building _____
43. Square footage of occupied space in building _____
44. Age of building _____

Trampoline Park Questionnaire

45. If building is older than 10 years, when were most recent updates for:

    Roof _____   HVAC _____   Electrical _____   Plumbing _____

46. Do you have central station alarms?   ___YES   ___NO

47. What is the value of all equipment? $_____

48. Do you have Automatic Sprinkler system?   ___YES   ___NO

49. Any apparatus hanging from ceiling in jumping area? ___YES   ___NO
    a. If yes, distance from jumping area to apparatus   _____ft
    b. If yes, distance from jumping area to ceiling   _____ft

50. Do entrance, platforms and lines have impact absorbing material on all surfaces within 48" of device frames (floor, patron barriers, banisters, rails etc)?
    ___YES ___NO

51. Is barrier netting at top of all platform barriers?   ___YES   ___NO

52. Is a barrier or gate used to prevent unauthorized access to devices?
    ___YES ___NO

53. Does a redundant fall through protection device exist under all jump surfaces?
    ___YES ___NO

54. Is impact absorbing matting completely covering springs and device frames?
    ___YES ___NO

55. Is impact absorbing matting completely attached to jump surfaces and secured to device frames? ___YES   ___NO

56. Does patron barrier netting meet the requirements of No Hold barrier Nettings? (ASTMF 2375)   ___YES   ___NO

57. Patron responsibility signage at entrance to each device? ___Yes   ___No

58. Hours of Operation
    a. Monday   _____ to _____
    b. Tuesday   _____ to _____
    c. Wednesday   _____ to _____
    d. Thursday   _____ to _____
    e. Friday   _____ to _____
    f. Saturday   _____ to _____
    g. Sunday   _____ to _____

59. Are instructions given to jumpers prior to each session?   ___YES   ___NO

    How are instruction given?   ____Verbally ____ Video

POLICY INFORMATION:

Prior Carrier	Limit of Liability	Premium	Deductible

Trampoline Park Questionnaire

Expiration date of current policy: _____

Has your policy ever been canceled/ non-renewed: ____YES ____ NO

      If yes please explain:

_____
_____

Have you had any claims?   ___YES (if yes, then provide details on a separate sheet)   ____NO

Operations Receipts:

(If there is more than one location, please provide information for each location)

	Last Year	Projected This Year
Admission Fees:	$_____	$_____
Party/Special Event Fees:	$_____	$_____
Merchandise:	$_____	$_____
Concessions:	$_____	$_____
Rock Climbing Wall:	$_____	$_____
Laser Tag:	$_____	$_____
Arcade:	$_____	$_____
Other:	$_____	$_____
Total:	$_____	$_____

PLEASE ATTACH:

1. Court Maintenance

2. Court rules and safety guide

3. Management guide

4. Employee training guide

5. Waiver

6. Business Plan

7. Resume of owners

8. Operating Instructions for each device

9. Current loss runs from your carrier

Please return this to fax 801-621-5763 or email it to info@InsureTrampolineParks.com