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CA #0334819

INFLATABLES LIABILITY QUESTIONNAIRE

Named Insured: _____

Contact Name: _____

Location of Premises: _____

1. Type of inflatable (official name): _____

Location in stadium: _____

Average number of participants for each inflatable and their age group: _____

Minimum number of volunteers or employees overseeing activities: _____

2. Is inflatable: Owned Rented Leased

3. What safety equipment and guidelines are required of the participants: _____

4. Are parents required to remain at the site? Yes No

5. Are there any requirements to enter the inflatable (removal of shoes, glasses, etc.): _____

6. What type of training/background do the employees have that are operating the inflatables: _____

7. Describe security and evacuation procedures: _____

8. Is first aid available, etc? Yes No If yes, please provide medical/safety procedures in place: _____

9. What is the realistic response time for medical assistance: _____

10. Are waiver/release or consent forms signed by participants/legal guardians? Yes No

11. What precautions are taken to prevent unauthorized persons from entering restricted areas: _____

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:

A. Copies of brochures, guidelines, manuals, etc. pertaining to the inflatable.

B. Copy of Waiver/Release form signed by all participants.

C. Copy of rented/leased contract.

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

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)