



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

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

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

N



ALL QUESTIONS MUST BE ANSWERED IN FULL AND APPLICATION MUST BE SIGNED BY INSURED.

Applicant's Name _____

Mailing Address _____

City _____ State _____ Zip _____

E-Mail _____ Web Site: _____

Proposed Effective Date: _____

Operations

- 1. Describe all operations for which coverage is being requested: _____

- 2. Do you rent any equipment for any longer than 1 week? If yes, please explain:

- 3. Do you rent any equipment to commercial risks? If, please explain: _____

- 4. Are there any water-related units such as water slides? Yes No
- 5. Are there any interactive devices with bungee cords (ie: bungee run)? Yes No
- 6. Does the applicant allow the renter to install/set up the units? Yes No
- 7. Number of years in operation _____

Exposure Information

Classification	Exposure Basis
Rental Store - Inflatable	\$ Sales
Rental Store - NOC	\$ Sales
Subcontractors	\$ Cost

Equipment

- 1. Who completes the maintenance inspections? _____
- 2. What is the frequency of inspections? _____
- 3. Do you keep a maintenance log? _____

4. Schedule of Inflatable Units (or attach list):

Name and Type of Inflatable	Age	Manufacturer	Capacity

Risk Management

- 1. Do you use a liability release waiver or rental contract? Yes No
Attach copy.
- 2. Do you have a rental checklist that is reviewed with the rental customer? Yes No
Attach copy.
- 3. Are warning signs posted on each inflatable? Yes No
- 4. Does applicant have a training program? Yes No

Checklist of Enclosures

- List of Inflatables
- Liability Waiver
- Advertising Materials
- Claims History
- Rental Checklist
- Northland GL App/Acord App

WARRANTY STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address