



INFLATABLE EQUIPMENT Supplement

P.O. Box 2009, Glen Allen, VA 23058-2009
800-900-1155 Fax: 804-273-6144
healthandfitness@markelcorp.com

Insured's Name: _____

1. Please provide the following information for each inflatable:

	Inflatable 1	Inflatable 2	Inflatable 3	Inflatable 4
Type				
Model/Name				
Serial Number				
Height & Length				
Date manufactured				
Manufacturer				
Purchased new or used?				
If purchased used, through dealer or other?				
Constructed of flame-resistant materials?				
Does inflatable have emergency exits?				

2. Are manufacturer's guidelines regarding specifications, setup, maintenance, and repair available, and have they been reviewed by all gym employees responsible for supervising inflatables? Yes No
3. Have gym employees responsible for supervising inflatables received training on how to operate and safely manage activities with the inflatable according to manufacturer's guidelines? Yes No
4. Are gym employees responsible for supervising inflatables equipped with a whistle or other type of signaling device so they can take appropriate action at the first sign of misbehavior or violation of posted rules? Yes No
5. If the inflatable is a slide, is there a cover or netting to prevent standing & jumping from the top? Yes No
6. Do inflatables leave the inside gymnastics facility? Yes No
7. Do birthday party and general waivers state inflatables are used? Yes No
8. Are safety procedures listed on the outside of the inflatable? Yes No
9. If no, are written rules and procedures posted or handed out to all participants? Yes No

- 10. Are gym employees responsible for supervising inflatable at all times? Yes No
- 11. Do you keep all records pertaining to inspections/maintenance performed on the inflatables? Yes No
- 12. Is there a minimum of 4 feet of clearance around the inflatable or per inflatable safety standards? Yes No
- 13. When the inflatable is in use, do you inspect the integrity of the tie downs, netting, safety buckles, and structural integrity of the material and stitching daily? Yes No
- 14. Is an ABC fire extinguisher within easy reach of the inflatable? Yes No
- 15. Do you have at least one of the following to safeguard against unintended deflation: blower guards, non-return valve, flap fitted to the blower, or a backup inflatable device? Yes No
- 16. Do you rent out the inflatable? Yes No
- 17. Do you have a landing surface covered by adequate landing material, included but not limited to gym mats or the equivalent material, surrounding each inflatable device? Yes No
- 18. Do you require users to remove inappropriate attire, including hard, sharp or dangerous objects? (Examples are toys in pockets, pen, pencils, watches, jewelry, barrettes, and similar items.) Yes No
- 19. Do the ages of people using the inflatable agree with the manufactures age range? Yes No
- 20. Do you allow body contact, flips or drop kicks by users while within the inflatable? Yes No

Please send photographs of all inflatable equipment.

Note: To enforce safety standards, only allow children of similar size and weight inside the inflatable at the same time.

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____