



## Markel Insurance Company

P.O. Box 2009 Glen Allen, VA 23058-2009  
Telephone: (800) 431-1270 Fax: (804) 527-7966  
Email applications to: mscsubmissions@markelcorp.com

### Inflatable Device Supplement

(Attach to the appropriate Markel Specialty program application and submit to email or fax on the application.)

Business Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please provide the following information for each inflatable:

|  | Inflatable 1 | Inflatable 2 | Inflatable 3 | Inflatable 4 |
|--|--------------|--------------|--------------|--------------|
| Type   |              |              |              |              |
| Model/name                                     |              |              |              |              |
| Serial number                                  |              |              |              |              |
| Height and length                              |              |              |              |              |
| Date manufactured                              |              |              |              |              |
| Manufacturer                                   |              |              |              |              |
| Purchased new or used?                         |              |              |              |              |
| If purchased used,<br>through dealer or other? |              |              |              |              |
| Constructed of flame<br>resistant materials?   |              |              |              |              |
| Does inflatable have<br>emergency exits?       |              |              |              |              |

1. Are employees responsible for supervising inflatable at all times? ☐ Yes ☐ No
2. Are manufacturer's guidelines regarding specifications, setup, maintenance, and repair available and reviewed by all employees responsible for supervising inflatables? ☐ Yes ☐ No
3. Have 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 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 and jumping from the top? ☐ Yes ☐ No  
☐ N/A
6. Are inflatables taken outside the facility? ☐ Yes ☐ No
7. Does your student/participant liability release form address use of inflatable devices for all activities including birthday parties, day camps and open sessions? ☐ Yes ☐ No
8. Are safety procedures listed on the outside of the inflatable? ☐ Yes ☐ No

If no, are written rules and procedures posted or handed out to all participants?

☐ Yes ☐ No

9. Do you keep all records pertaining to inspections/maintenance performed on the inflatables? ☐ Yes ☐ No  
**Note:** Photographs and/or maintenance records may be requested.
10. Is there a minimum of 4 feet of clearance around the inflatable or do you follow the manufacturer's guidelines regarding clearance? ☐ Yes ☐ No
11. When the inflatable is in use, do you routinely inspect the integrity of the tie downs, netting, safety buckles, and structural integrity of the material and stitching? ☐ Yes ☐ No
12. Is an ABC fire extinguisher within easy reach of the inflatable? ☐ Yes ☐ No
13. 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
14. Do you rent/loan/lease out any inflatable devices? ☐ Yes ☐ No
15. Do you have a landing surface covered by adequate landing material, including but not limited to gym mats or equivalent material, surrounding each inflatable device? ☐ Yes ☐ No
16. Do you require users to remove inappropriate attire including hard, sharp or dangerous objects? (Examples are toys in pockets, pens, pencils, watches, jewelry, barrettes, and similar items.) ☐ Yes ☐ No
17. Do you strictly adhere to the manufacturer's guidelines regarding appropriate age range? ☐ Yes ☐ No
18. Do you allow body contact, flips or drop kicks by users while within the inflatable? ☐ Yes ☐ No
19. Do you only allow children of similar size and weight to use the inflatable at the same time? ☐ Yes ☐ No

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**NOTE:** Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. This supplement becomes part of your application and must be signed and dated. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Florida only) Agent license number: \_\_\_\_\_