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***“Professional Insurance Wholesaler”***

**SGA'S Family Entertainment Liability Application**  
**SECTION V: SGA'S BUNGEE RELATED APPLICATION**

TO BE COMPLETED WITH AN ACORD GENERAL LIABILITY APPLICATION  
 (Complete all questions. Indicate "N/A" where applicable. DO NOT LEAVE ANY AREAS BLANK)

**GENERAL INFORMATION:**

Named of Insured: \_\_\_\_\_ Website: \_\_\_\_\_

Doing Business as: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position of Contact Person: \_\_\_\_\_

Who may we contact to schedule site inspection? \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

# of years in business?: \_\_\_\_\_ Is this a franchise operation?: { } Yes { } No

If yes, provide franchise name and corporate address: \_\_\_\_\_

Have you engaged in this or similar enterprises under a different name?: { } Yes { } No

If yes, provide full details: \_\_\_\_\_

Any other business conducted on site?: { } Yes { } No If yes, list business and who runs it?: \_\_\_\_\_

Interest in unit: { } Owner { } Lessee (provide name/address of owner below) { } Other: \_\_\_\_\_

Are additional insured's requested: { } Yes { } No

**NOTE: AI'S MUST BE APPROVED IN ORDER TO BE COVERED**

If so, list here and show their insurable interest:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

Have you signed any waivers, hold harmless agreements or other releases of liability in favor of the manufacturer or supplier of equipment, structures, rides, cord (etc.)? { } Yes { } No

Policy Period from: \_\_\_\_\_ to \_\_\_\_\_

**OPERATIONS:**

Is unit permanent or mobile? { } Permanent { } Mobile

**IF MOBILE, ATTACH SCHEDULE OF DATES & LOCATIONS AND A COPY OF SET-UP & TEAR DOWN PROCEDURES**

Describe area surrounding your ride/jump site: \_\_\_\_\_

What is your operating season?: \_\_\_\_\_ Hours of Operations: \_\_\_\_\_

Is your unit ever leased to others/or operated outside your immediate supervision?: { } Yes { } No

If yes, explain: \_\_\_\_\_

How is the site and equipment secured when not operating?: \_\_\_\_\_

Estimated annual ride/jump receipts: \$ \_\_\_\_\_ Concessions, souvenirs (etc.) \$ \_\_\_\_\_

Describe concessions, souvenirs (etc.) sold: \_\_\_\_\_

Do state regulators govern this operation in site states?: { } Yes { } No Date of last inspection: \_\_\_\_\_

**EMPLOYEES:**

Total number of employees: \_\_\_\_\_ Minimum # of employees on site during hours of operations: \_\_\_\_\_

Number Employees under 18 and describe position held: \_\_\_\_\_

Describe training for new employees: \_\_\_\_\_

How often are employees "retrained": \_\_\_\_\_

<u>EMPLOYEE NAME</u>	<u>POSITION</u>	<u>TRAINING</u>	<u>JUMP/RIDES</u>	<u>#Supervised</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ATTACH A COPY OF ALL EMPLOYEE TRAINING MANUALS**

Workers' Compensation carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Term: \_\_\_\_\_

If mobile, does your WC policy cover employees in all states you operate in?: { } Yes { } No

**STRUCTURE/UNIT**

Type of structure/unit: { } Bungee Tower { } Vertical Accelerator type { } Other: \_\_\_\_\_

IF BUNGEE - Type: { } Single { } Quad Tower { } Arch { } Bridge { } Crane

{ } Other: \_\_\_\_\_

Is structure specially designed for bungee jumping?: { } Yes { } No

If no, please explain: \_\_\_\_\_

Are all platforms equipped with railings and gate?: { } Yes { } No

Age of structure/unit: \_\_\_\_\_ Dimensions of structure/unit: \_\_\_\_\_ Weight Load: \_\_\_\_\_

Serial #: \_\_\_\_\_ Designed wind load: \_\_\_\_\_ Jump Height: \_\_\_\_\_

Designed by: \_\_\_\_\_

Manufactured by: \_\_\_\_\_

Does manufacturer carry Products Liability coverage for this ride?: { } Yes { } No

If yes, provide carrier, policy # & policy terms: \_\_\_\_\_

Describe structural change made that vary from the manufacturer's engineering specs: \_\_\_\_\_

\_\_\_\_\_

Date of last non-destructive testing of the structure/tower: \_\_\_\_\_

**ATTACH COPY OF THE MOST RECENT NDT**

**PARTICIPANTS:**

**RESTRICTIONS (Min? Max)**

Height Range: \_\_\_\_\_

Weight Range: \_\_\_\_\_

Age: \_\_\_\_\_

Other: \_\_\_\_\_

How often are scales calibrated and how: \_\_\_\_\_

Are waivers required to be signed?: { } Yes { } No If no, explain: \_\_\_\_\_

\_\_\_\_\_

Are waivers explained to participants and parents?: { } Yes { } No **ATTACH COPY OF ALL WAIVERS USED**

How are waivers stored and indexed?: \_\_\_\_\_

Are jump/ride records kept (date/age/weight/waiver)?: {  } Yes {  } No If no, explain: \_\_\_\_\_

Who has possession of the jump/ride records?: \_\_\_\_\_ How long are they retained?: \_\_\_\_\_

**EQUIPMENT:**

**ATTACH A LIST OF YOUR EQUIPMENT AND ITS SPECIFICATIONS**

How are daily inspections of equipment conducted?: \_\_\_\_\_

How are daily maintenance repairs conducted?: \_\_\_\_\_

How are inspections/maintenance/repairs documented?: \_\_\_\_\_

**ATTACH A COPY OF THE EQUIPMENT INSPECTIONS CHECKLIST AND MAINTENANCE LOGS**

List all areas of your system that have double back-ups: \_\_\_\_\_

Do you manufacture, assemble or wrap ANY Bungee equipment for yourself or others: {  } Yes {  } No

If yes, explain: \_\_\_\_\_

Do you offer any sales of equipment such as Bungee cords?: {  } Yes {  } No

Describe type Bungee cords used: {  } 100% Rubber {  } Rubber/Static {  } Milspec

Rated number of maximum jumps/rides prior to disposal: \_\_\_\_\_ Max. Life of cord prior to disposal (months): \_\_\_\_\_

Who manufactures and supplies you Bungee cords?: \_\_\_\_\_

Does the manufacturer carry Product Liability coverage for cords?: {  } Yes {  } No

If yes, provide carrier, policy # & policy term: \_\_\_\_\_

Is the minimum safety ratio of 10:1 (based on static weight of (participant) maintained?: {  } Yes {  } No

Is the loop and/or connections at least 4,000 lbs: {  } Yes {  } No

Describe harness system used: \_\_\_\_\_

Who manufacturers and supplies your harness?: \_\_\_\_\_

Does the manufacturer carry Product Liability coverage for harness?: {  } Yes {  } No

If yes, provide carrier, policy # & policy term: \_\_\_\_\_

Describe carabineers used: \_\_\_\_\_

Who manufactures and supplies your carabineers?: \_\_\_\_\_

Does the manufacturer carry Product Liability coverage for carabineers?: {  } Yes {  } No

If yes, provide the carrier, policy # and policy term: \_\_\_\_\_

## **BUNGEE JUMPING**

What organization and guidelines do you abide by?: \_\_\_\_\_

Are any of the following jumps permitted?: {  } Sandbagging {  } Dual/tandem jumps {  } Negative/slingshot

Other: \_\_\_\_\_

Over what do participants jump?: {  } Airbag {  } Water {  } Other \_\_\_\_\_

If airbag, dimensions of airbag: \_\_\_\_\_ Rating of airbag: \_\_\_\_\_

Does manufacturer carrier Products Liability coverage for the airbag?: \_\_\_\_\_

If yes, provide carrier, policy # and policy term: \_\_\_\_\_

Describe rescue boat(s) and water rescue equipment present: \_\_\_\_\_

Who is present with participant at all times until participant exists the platform: \_\_\_\_\_

Describe communication procedure between all personnel involved with the jump: \_\_\_\_\_

Are all fittings and adjustments made in a safe, secure location with fall protection provided?: {  } Yes {  } No

Are connections called out verbally while securing the jumpers?: {  } Yes {  } No

Describe safety system, which secures employees and participants to platform: \_\_\_\_\_

\_\_\_\_\_

Describe safety zone (fencing height & distant from jump zone): \_\_\_\_\_

Are spectators allowed to climb or go to tower?: {  } Yes {  } No

**Please provide you're most recent outside inspection:**

### **1. VERTICAL ACCELERATOR:**

Date of last non-destructive testing of the ride: \_\_\_\_\_

**Please provide you're most recent outside inspection:**

Describe safety zone (fencing height and distance from launch zone): \_\_\_\_\_

Describe winch system (type, number & mfg.): \_\_\_\_\_

Does manufacturer carry products coverage for winches?: {  } Yes {  } No

If yes, provide carrier, policy # & policy term: \_\_\_\_\_

Describe harnessing process (who does it & how is it checked); \_\_\_\_\_

\_\_\_\_\_

Is harnessing-in called out verbally while securing riders?: {  } Yes {  } No

**BUNGEE TRAMPOLINE:**

Who is the manufacturer?: \_\_\_\_\_

How does the participant gain access to surface of trampoline?: \_\_\_\_\_

If steps, what type: \_\_\_\_\_

Where is the operator while participant is jumping?: \_\_\_\_\_

Are flips or other stunts allowed?: { } Yes { } No

Are connections called out verbally while securing riders?: { } Yes { } No

**2. RIP/ZIP LINE:**

Describe type of deceleration (stopping) system: \_\_\_\_\_

Breaking load of cables: \_\_\_\_\_ How often are cables changed: \_\_\_\_\_

Manufacturer of ride and cables: \_\_\_\_\_

Does manufacturer carry Products Liability coverage for the Rip/Zip lines?: { } Yes { } No

If yes, provide carrier, policy # & policy term: \_\_\_\_\_

Describe harnessing process (who does it & how is it checked)?: \_\_\_\_\_

Are connections called out verbally while program in effect?: { } Yes { } No

Do you have a working safety maintenance program in effect? { } Yes { } No

Please explain or attach this information: \_\_\_\_\_

**COVERAGE INFORMATION:**

Please indicate the type of coverage and indicate limits desired \_\_\_\_\_

Current insurance carrier: \_\_\_\_\_ Limits: \_\_\_\_\_

Expiring premium: \_\_\_\_\_

Are certificates of insurance obtained from independent contractors and vendors?: { } Yes { } No

If yes, what type of liability is required?: \_\_\_\_\_

Are you named as an Additional Insured?: { } Yes { } No

Does your ride meet ASTM standards?: { } Yes { } No If no, please explain: \_\_\_\_\_

**NOTE: APPLICATION MUST BE SIGNED AND DATED BY BOTH AGENT AND INSURED!  
THIS APPLICATION BECOMES A PART OF THE POLICY**

By signing the application, the undersigned declares all statements set forth and herein to be true, complete and accurate. Also, the undersigned hereby declares that any knowledge of an event which would alter the information herein will be reported in writing to the insurer at the earliest opportunity. It is understood and agreed that the completion and submission of this application shall not be binding to the prospective Insured or Company until coverage is bound by the Company.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Agent: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_