



Brown & Brown of Garden City, Inc.  
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# JUMPING PAD/PILLOW SUPPLEMENTAL APPLICATION

Name of Insured: \_\_\_\_\_

1. Is the device deflated and not used in winds of more than 20 miles per hour?  Yes  No

2. Is there at least one attendant present during hours of operation?  Yes  No

Number of attendants? \_\_\_\_\_

3. Are users grouped by size by the attendant(s) on duty? (smaller kids together vs. all ages levels)  Yes  No

4. How is the blower guarded? (Do children have access to this area? This must be supervised.) \_\_\_\_\_

5. Is jumping pad/pillow deflated at night?  Yes  No

6. Is jumping pad/pillow in a fenced area?  Yes  No

Is area locked when not in use?  Yes  No

7. Are the rules for use posted, which should include, but not limited to: no flips, weight limit of users, and no use when surface is wet?  Yes  No

(Please attach copy of rules/regulations)

8. Does insured use a waiver/release specifically referencing "jumping pad/pillow?"  Yes  No

9. Will the jumping pad/pillow be at the same location when inflated?  Yes  No

10. What surface will the jumping pad/pillow be sitting on? \_\_\_\_\_

11. How many blowers are being used at one time? \_\_\_\_\_

12. Are you operating under the manufacturer's recommended operational guidelines?  Yes  No

13. How is the jumping pad anchored and is this monitored during use to make sure it stays secure? \_\_\_\_\_

14. Provide photos of jumping pad/pillow area of activity.

15. Is this a charged activity?  Yes  No

If Yes, please provide the total annual receipts from prior year or estimated receipts if new activity. \_\_\_\_\_

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 \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_