



www.TexasBounceHouseInsurance.com
 Sheaner Insurance Agency, LLP
 Phone: (214) 823-3003
 Fax: (888) 607-7154

INFLATABLES PROGRAM SUPPLEMENTAL APPLICATION

Complete and return by FAX (888) 607-7154 or EMAIL to agent@TexasBounceHouseInsurance.com

Name of Applicant: _____

DBA's: _____

Address: _____

Website: _____

Any Additional Locations: _____

Date business started under current ownership: _____

If less than 5 years, please answer the following questions:

Have you worked elsewhere in a similar business? _____ If Yes, how many years? _____

Do your employees have prior experience? _____ If Yes, how many years? _____

What are your estimated gross annual receipts: _____

Specified Inflatables and Amusement Devices

TYPE	WITH OPERATORS (Yes/No)	EST. ANNUAL RECEIPTS
Inflatable Rides/Bounce Houses		
Climbing Walls	* Must be Attended	
Mechanical Rides	* Must be Attended	
Coin Operated Rides		
Euro Bungee/Power Bungee Jumping	*Must be Attended	
Miniature Trains	*Must have an operator Age of Operator _____	
Food Concession Equipment		
Go Kart Tracks – Electric	* Must be attended	
" " " - Adult	" " "	
" " " - Kiddie	" " "	
Arcades/Games/Crafts		
Batting Cages		
Laser Tag		
Miniature Golf		
Mechanical Bulls	*Must be Attended	
Pony Rides	* Must be Attended	
Inflatable Slides		
Slip N' Slides (water use)		
Miscellaneous Attractions (all other)		

Do you have a written rental agreement? _____ If yes, does it contain a hold-harmless clause? _____

Please attach a copy of the agreement.

Do you install/set up all units for the customer? _____

Do you have a rental checklist that is reviewed with the rental customer? _____ Please attach a copy.

Do your amusement devices/rides have signs clearly marking age, height and size limitations? _____



Specialty Insurance Group

Do you rent any equipment to commercial risks? _____

Are all of your rides inspected annually? _____

Are all rides manufactured, assembled and registered by a U. S. business entity? _____

If foreign manufactured, do you have evidence of Products Liability Insurance coverage from the manufacturer? _____

CLAIMS HISTORY – Minimum three years (loss runs must be furnished)

Year/Policy Period	# of Claims	Total Amounts Paid	Amounts in Reserve	Valuation Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe any losses valued at \$25,000 or more, including defense costs:

Do you have a maintenance checklist? _____

Do you keep maintenance and test logs and pre-operation inspection reports on all equipment? _____ -

Do you follow the manufacturer's maintenance and test schedule? _____

Do you have a training program for employees? _____

Do you perform criminal background checks on employees? _____

Are your employees trained to strictly enforce all rules and regulations even if it means stopping a ride early or refusing a ride to a customer? _____

Any policy or coverage declined, cancelled or non-renewed during the last three years? _____

The Applicant represents that the above statements are true and that no material facts have been suppressed or misstated.

Applicant Signature: _____ Date: _____