



# INDOOR PLAYGROUND INSURANCE.COM

Insuring Playgrounds, Jungle Gyms and More Since 2007

www.Indoorplaygroundinsurance.com

Fax back to (818) 279-6999 or email to info@indoorplaygroundinsurance.com

Contact Name: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_ Member of NIPACA.org \_\_\_\_\_

Business Type:  Corporation  Partnership  Individual  
 Non-Profit  Governmental entity  Other \_\_\_\_\_

### PREVIOUS INSURER

Does applicant presently carry insurance?:  Yes  No

If "Yes": Name of company: \_\_\_\_\_

Premium: \$ \_\_\_\_\_ What is your renewal date?: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does applicant have Workers' Compensation Insurance?:  Yes  No

If "Yes" Name of Company?: \_\_\_\_\_ Renewal Date?: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you answered "No" to "Does applicant presently carry insurance", please explain:

\_\_\_\_\_

Describe applicant's experience in the industry: \_\_\_\_\_

\_\_\_\_\_

How long has the applicant been in business? \_\_\_\_\_

Please list all equipment/amusement devices: \_\_\_\_\_

\_\_\_\_\_

Who is the manufacturer of the play structures? \_\_\_\_\_

\_\_\_\_\_

How is equipment anchored? \_\_\_\_\_

What type of floor covering? \_\_\_\_\_

What maintenance program is in effect for play equipment/structures? \_\_\_\_\_

\_\_\_\_\_

How often are maintenance inspections done? \_\_\_\_\_

Is an inspection log maintained?  Yes  No

**Licensed in most states. We only work with 'A' rated insurance carriers.**

18757 Burbank Blvd., Suite 104 Tarzana, CA 91356  
(877) 420-0042 - (818) 996-0900 - (818) 279-6999 FAX  
Brokers License # 0H64840



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What is the maximum capacity of the premises? \_\_\_\_\_

Average number of children per day? \_\_\_\_\_

Ages of children? \_\_\_\_\_

Is parental supervision required at all times?:  Yes  No

Number of supervisory staff? \_\_\_\_\_ Ages of supervisors/staff? \_\_\_\_\_

Qualification of supervisors/staff? \_\_\_\_\_

Number of employees supervising play area? \_\_\_\_\_

Is there a set ratio for attendants to children?:  Yes  No If "No", please explain: \_\_\_\_\_

What rules do you have in place? If so, are they posted? \_\_\_\_\_

What is the sanitation schedule for the play structures and toys?: \_\_\_\_\_

Will an attendant be specifically assigned to the play structures to ensure rules are followed on the slides/climbing areas?:  Yes  No

Do you provide babysitting services?:  Yes  No

Will food be served on the premises?:  Yes  No If so, what type and who prepares it?: \_\_\_\_\_

What are the minimum requirements for first aid training of staff?: \_\_\_\_\_

What procedures are in place relative to the handling and storage of potentially harmful items, such as paints, cleaning materials etc.? \_\_\_\_\_

Anticipated revenues for this year? \_\_\_\_\_ Last year's revenue: \_\_\_\_\_

Any losses or incidents in the last 5 years?:  Yes  No If so, please give details: \_\_\_\_\_

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Liability \$1,000,000 per occurrence. Are higher limits required?  Yes  No  
If so, what limit is required? \$ \_\_\_\_\_

Building Limit: \$ \_\_\_\_\_ Contents Limits: \$ \_\_\_\_\_  
Business income limit: \$ \_\_\_\_\_

Burglar Alarm:  Local  Central Station (attach copy for Alarm Credit)  24 hr. Watchman

Fire Alarm:  Yes  No Surveillance cameras:  Yes  No

Construction type: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Year Built: \_\_\_\_\_ # of Stories \_\_\_\_\_

If the building is older than 35 years old, have there been upgrades? (roof, plumbing, electrical, or heating etc.)  Yes  No if so, need dates (MO/YR) the upgrades were performed: \_\_\_\_\_

- 1) Does the Applicant's current insurance program include Abuse and Molestation coverage?:  Yes  No
- 2) Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime including sex related or child abuse related offenses, before an offer of employment is made?:  Yes  No
- 3) Does the Applicant verify employment referenced for employees and volunteers?:  Yes  No
- 4) Does the Applicant conduct personal interviews?:  Yes  No
- 5) Are formal written procedures in place for hiring? (If yes, attach a copy)  Yes  No
- 6) Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? (If yes, attach a copy)  Yes  No
- 7) Does the Applicant have a written crises plan for dealing with employees, volunteers, victims, parents, authorities and the media if you have an incident of abuse? (If yes, attach a copy)  Yes  No
- 8) Have any incidents resulted in an allegation of sexual abuse?:  Yes  No  
If yes, was the case settled?  Yes  No  
Was the case taken to trial?  Yes  No  
Amount paid for damages to the victim: \$ \_\_\_\_\_
- 9) Does the Applicant's state allow criminal background checks?  Yes  No  
If yes, does the Applicant run criminal background checks prior to hire for:  
Employees?  Yes  No  
Any Volunteers?  Yes  No

Signature

Date