



51 Harvard Street
Worcester, MA 01609
Phone: 508-755-6210
Fax: 508-753-0646
www.quakerma.com

Inflatable Moonwalk, Bounce House Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____
_____ Web Address _____
_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. Obtain a diagram of the premises where the unit is operated. In the event of multiple locations, description of each is required.
2. Confirm the type of protection provided around the unit.
 - i What type of material is used for fall protection?

- i Is padding secured in a manner to prevent movement away from the unit?..... Yes No
- i Is proper inflation maintained at all times? Yes No
3. Is a back-up generator available in the event of a power outage? Yes No
4. Is the area supervised by experienced employees at all times? Yes No
5. Are age and height requirements clearly posted, and enforced? Yes No
6. Does the applicant lease, or rent the unit to others for off premises events? Yes No
7. Is all equipment subject to inspection by any local, state or federal entity? Yes No
8. If yes, are all inspections current? Yes No
9. If no, does the applicant have written safety inspection procedures? Yes No
10. Are all units inspected at the beginning of each day? Yes No
11. Does the applicant maintain a safety and maintenance record on each unit? Yes No
12. Does the applicant record all incidents or injuries? Yes No
13. How long does the applicant maintain these records? Yes No
14. Are there any Additional Insured requirements? Yes No

If yes, complete form S318s Additional Insured Supplemental Application for each entity

_____	_____	_____	_____
Producer's Signature	Date	Applicant's Signature	Date