



Quaker Special Risk
P.O. Box 1350
Eatontown, NJ 07724
Phone: 800 447-4180 Fax: 732 223 9072

INFLATABLES/AMUSEMENT DEVICES APPLICATION

1. Applicant (as it would appear on the coverage contract): _____

2. Doing Business As: _____

3. Mailing Address: _____

City: _____ State: _____ Zip: _____

4. Contact Person: _____ Years Experience: _____

5. Day Phone: _____ Evening Phone: _____

Fax Number: _____

6. Web Address: _____ E-Mail Address: _____

7. Is this a new business? Yes No If no, how many years have you been in business? _____

8. Applicant is: Individual Corporation Partnership Joint Venture Other

9. Length of season: _____

10. Is this an off-premise rental business? Yes No

If no, describe: _____

11. Do you currently have a General Liability policy (s)? Yes No

If yes, who is your current insurance carrier? _____

12. Provide Declarations Page (first page of policy)

What was your expiring premium? _____ Dates of policy period: _____

13. Provide Loss Runs (claim history) from your current carrier for the past 3 years.

Please provide details of any incurred losses over the past 3 years: _____

14. Amount of Liability Requested:

500,000 per accident / 1,000,000 annual aggregate

1,000,000 per accident / 1,000,000 annual aggregate

1,000,000 per accident / 2,000,000 annual aggregate

Deductible Requested: \$1,000 \$2,500 \$5,000

15. Describe all activities for which coverage is being requested: _____

16. How often are inflatables checked and inspected? _____

17. Do you keep a maintenance or inspection log? Yes No

18. Who is responsible for inspections? _____

19. Do you use a liability release waiver or a rental contract? Yes No

(Attached and send with this application)

20. Do you have a rental checklist that is reviewed with the rental customer? Yes No

21. Gross Receipts:

Activity	Annual Gross Receipts
Inflatable Rentals (non-supervised)*	\$
Inflatable Rental (with supervision)*	\$
Indoor Facility	\$
Other (describe)	\$
Other (describe)	\$

22. If Indoor Facility is included above, please provide the following info for each location to be insured:

Physical Address

Square Footage

_____	_____
_____	_____
_____	_____
_____	_____

23. List states in which applicant operates: _____

24. Total number of employees: _____

25. Are employees leased? Yes No Annual Payroll: _____

25. Does applicant have a training program? Yes No

Any person who knowingly and with intent to defraud any insurance company or other person, files and application for Insurance containing any false information or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Applicant's Signature FEIN# or Soc. Sec. # Date

Agency/Producer Signature Date

