



Kulin-Sohn Insurance Agency, Inc.
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 Email applications to: Gmnst33@aol.com
 Website: <http://www.gymnasticsinsurance.com/>

Inflatable Device Supplement

(Attach to the appropriate Kulin-Sohn Specialty program application and submit to email or fax on the application.)

Business Name: _____

Policy Number: _____

Please provide the following information for each inflatable:

	Inflatable 1	Inflatable 2	Inflatable 3	Inflatable 4
Type				
Model/name				
Serial number				
Height and length				
Date manufactured				
Manufacturer				
Purchased new or used?				
If purchased used, through dealer or other?				
Constructed of flame resistant materials?				
Does inflatable have emergency exits?				

1. Are employees responsible for supervising inflatable at all times? Yes No
2. Are manufacturer's guidelines regarding specifications, setup, maintenance, and repair available and reviewed by all employees responsible for supervising inflatables? Yes No
3. Have employees responsible for supervising inflatables received training on how to operate and safely manage activities with the inflatable according to manufacturer's guidelines? Yes No
4. Are employees responsible for supervising inflatables equipped with a whistle or other type of signaling device so they can take appropriate action at the first sign of misbehavior or violation of posted rules? Yes No
5. If the inflatable is a slide, is there a cover or netting to prevent standing and jumping from the top? Yes No
 N/A
6. Are inflatables taken outside the facility? Yes No
7. Does your student/participant liability release form address use of inflatable devices for all activities including birthday parties, day camps and open sessions? Yes No
8. Are safety procedures listed on the outside of the inflatable? Yes No
 If no, are written rules and procedures posted or handed out to all participants? Yes No

9. Do you keep all records pertaining to inspections/maintenance performed on the inflatables? Yes No
Note: Photographs and/or maintenance records may be requested.
10. Is there a minimum of 4 feet of clearance around the inflatable or do you follow the manufacturer's guidelines regarding clearance? Yes No
11. When the inflatable is in use, do you routinely inspect the integrity of the tie downs, netting, safety buckles, and structural integrity of the material and stitching? Yes No
12. Is an ABC fire extinguisher within easy reach of the inflatable? Yes No
13. Do you have at least one of the following to safeguard against unintended deflation: blower guards, non-return valve, flap fitted to the blower, or a backup inflatable device? Yes No
14. Do you rent/loan/lease out any inflatable devices? Yes No
15. Do you have a landing surface covered by adequate landing material, including but not limited to gym mats or equivalent material, surrounding each inflatable device? Yes No
16. Do you require users to remove inappropriate attire including hard, sharp or dangerous objects? (Examples are toys in pockets, pens, pencils, watches, jewelry, barrettes, and similar items.) Yes No
17. Do you strictly adhere to the manufacturer's guidelines regarding appropriate age range? Yes No
18. Do you allow body contact, flips or drop kicks by users while within the inflatable? Yes No
19. Do you only allow children of similar size and weight to use the inflatable at the same time? Yes No

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. This supplement becomes part of your application and must be signed and dated. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Producer's signature: _____ Date: _____

(Florida only) Agent license number: _____