



## CHILDREN'S INDOOR PLAY CENTER SUPPLEMENTAL APPLICATION

1. Named Insured: \_\_\_\_\_
2. Insured's Website: \_\_\_\_\_
3. Years in Business: \_\_\_\_\_
4. Gross Annual Receipts: \_\_\_\_\_
5. List all prior experience in this operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What are the hours of operation? \_\_\_\_\_
7. What is the maximum capacity of the premises? \_\_\_\_\_
8. What is the average number of children using the facility per day? \_\_\_\_\_
9. What is the typical age range of children using the facility? \_\_\_\_\_
10. Is an attendant on the premises at all times during operating hours?  Yes  No  
If yes, is the attendant at least 25 years old?  Yes  No
11. Is parental supervision required at all times?  Yes  No
12. Are children left in the care of the facility?  Yes  No  
If yes, provide a detailed description of procedures and security measures in place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Are the rules of use clearly posted?  Yes  No
14. Are age and height requirements clearly posted and enforced?  Yes  No
15. Does the applicant record all incidents or injuries?  Yes  No  
If yes, how long does the applicant maintain those records? \_\_\_\_\_
16. Does the applicant conduct criminal background investigations on all employees?  Yes  No
17. List all equipment present at the facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. List the activities offered at the facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Does the applicant allow parties to take place at the facility?  Yes  No

20. Are there any inflatable devices or jumping devices at the facility?  Yes  No

21. Are there any ball pits at the facility?  Yes  No

If yes, what is the depth of the ball pit(s)? \_\_\_\_\_

22. Are there any foam pits at the facility?  Yes  No

If yes, what is the depth of the foam pit(s)? \_\_\_\_\_

23. Is the equipment subject to inspection by a local, state, or federal entity?  Yes  No

If yes, are all inspections current?  Yes  No

24. Does the applicant inspect all equipment at the beginning of each day?  Yes  No

25. Is there an equipment maintenance program in place?  Yes  No

26. How often is the equipment cleaned/sanitized? \_\_\_\_\_

27. Provide a copy of the rules of use and any waivers/contracts.

28. Provide a diagram of the location(s) and photos of play equipment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date