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LAND TRAMPOLINE SUPPLEMENTAL APPLICATION

Name of Insured: _____

1. Number of trampolines: _____

2. Where is each trampoline located? _____

If outdoors, how is it protected from unauthorized use? _____

3. Does padding or other soft material surround the trampoline? Yes No

If yes, please explain: _____

4. Are rules for use posted? Yes No

If yes, where? _____

If no, explain: _____

5. Is the instructor USAG (USA Gymnastics) Certified to provide instruction for trampolines? Yes No

If no, please explain qualifications: _____

6. Do you ever permit more than one person on the trampoline at a time? Yes No

If yes, explain: _____

7. Are flips or somersaults allowed? Yes No

8. Are spotters provided at all times? Yes No

If no, explain: _____

9. Is a harness system used? Yes No

If yes, explain: _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

 Applicant's Signature

 Date (MM/DD/YYYY)