

BOUNCEINSURE®



Please answer **all questions in full**.

Tick the appropriate boxes and provide other information as requested. Please use BLOCK CAPITALS.

Names and Address of Proposer (Mr/Mrs/Miss/Dr. – delete as applicable)

Postcode..... Tel No.....

Email Address..... Inception Date

Trading Name.....

1. Has any insurer ever declined or refused to renew your insurance, increased, the premium, modified the cover or made special stipulations? **Yes/No**

If 'Yes', give details and state which insurer

2. Have you or any person directly connected with the ownership or management of the business ever been:

(a) convicted of arson, fraud, theft, receiving stolen goods or any other act of dishonesty?

Yes/No

(b) prosecuted for breach of any statutory requirements relating to health or safety? **Yes/No**

(c) declared bankrupt or subject to a County Court Judgement? **Yes/No**

If 'Yes', give details

3. (a) How long have you operated an inflatable? Years

(b) Have you in the past 5 years:

(i) sustained any losses to inflatable equipment? **Yes/No**

(ii) had a personal injury claim made against you or, to the best of your knowledge, has there been any person injured on any equipment operated or hired out by you? **Yes/No**

If 'Yes', give full details on a separate sheet.....

(d) Did you purchase the equipment direct from the manufacturer? **Yes/No**

If 'No', from whom did you obtain the equipment? (please supply name and address)

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(e) Is the equipment erected by you or your employees? **Yes/No**

If 'No', who does erect the equipment and what instructions do you give them?

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(f) Does the equipment include all the safety features (e.g. safety mats) as detailed in the manufacturers instructions? **Yes/No**

4. (a) Address where the Property is normally kept if different from above

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(b) Are the premises where the equipment is normally kept constructed of brick or stone and roofed with slates or tiles? **Yes/No**

