

Agency Name:
 Address:
 Contact Name:
 Phone:
 Email:

Indoor/Outdoor Playground Equipment Supplemental Application



(Installation, Service, Repair, Maintenance or Removal)

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125) OR ITS EQUIVALENT

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT'S NAME AND MAILING ADDRESS	AGENT / PRODUCER INFORMATION
_____ _____ BUSINESS NAME OR TRADING NAME: _____ PROPOSED POLICY PERIOD: _____ TO: _____	_____ APPLICANT'S PHONE NUMBER: _____ APPLICANT'S WEB ADDRESS: _____ INSPECTION CONTACT: _____ CONTACT PHONE NUMBER: _____
APPLICANT IS: <input type="checkbox"/> INDIVIDUAL (INCLUDE DATE OF BIRTH): _____ <input type="checkbox"/> PARTNERSHIP (INCLUDE DATES OF BIRTH): _____ Years in business: _____ Years of Experience in this field: _____	

UNDERWRITING INFORMATION

1. Is applicant a member of any professional or trade organization Yes No
 (If yes, provide name(s) below):

2. Is the applicant a Manufacturer's Representative for franchised equipment manufacturers? Yes No
 (If yes, provide manufacturer(s) below)

- Is applicant included by endorsement as an Additional Insured - Vendor? Yes No
 Is applicant required to name them as an Additional Insured? Yes No
3. Does the applicant assemble equipment for display or delivery for major retailers? (If yes, describe below) Yes No

- Is applicant required to name the Retailer as an Additional Insured? Yes No
4. Does applicant perform work outside of their state of domicile? (If yes, enter state(s) below) Yes No

5. Breakdown by Services performed:

If payroll is not specifically designated by service, combine in governing operations:

	Payroll	Gross Sales
<input type="checkbox"/> General Maintenance of Equipment Under a Written Contract	\$ _____	\$ _____
<input type="checkbox"/> Design, Manufacture and Install Equipment sold under Own Name	\$ _____	\$ _____
<input type="checkbox"/> Inspection/Certification of Equipment installed by others	\$ _____	\$ _____
<input type="checkbox"/> Installation of new equipment (Enter percent of work performed below)	\$ _____	\$ _____
Apartments/Condominium/Townhouse % Parks/Playgrounds % Schools/Churches %		
Government/Municipal % Private Residential % Other: %		
<input type="checkbox"/> Service or Repair of Used Equipment <input type="checkbox"/> Exercise <input type="checkbox"/> Playground	\$ _____	\$ _____
<input type="checkbox"/> Installation or repair of Bleachers	\$ _____	\$ _____
<input type="checkbox"/> Sale of Used Equipment	Gross Sales	\$ _____

UNDERWRITING INFORMATION (Continued)

6. Does applicant install, service or repair any of the following types of equipment
- | | |
|--|---|
| <input type="checkbox"/> Aerial yoga equipment | <input type="checkbox"/> Mechanical Amusement Devices |
| <input type="checkbox"/> Cryotherapy chambers | <input type="checkbox"/> Ozone/Combined Ozone Sauna therapy chambers |
| <input type="checkbox"/> Gymnastic apparatus or impact flooring | <input type="checkbox"/> Swimming Pool slides |
| <input type="checkbox"/> High intensity training station racks or rigs | <input type="checkbox"/> Trampolines (other than mini-trampolines) |
| <input type="checkbox"/> Hyperbaric or pressure chambers (CVAC pods) | <input type="checkbox"/> Any equipment located at water parks or water slides |
7. Does applicant have work inspected by an outside source to insure installation meets Local, State, Building or installation codes? (If No, explain below) Yes No
8. Will applicant alter or modify any blueprints, installation instructions, or designs provided by the Manufacturer, Architect, or Engineer? (If Yes, explain below) Yes No
9. Will applicant use materials or equipment not provided by the manufacturer to replace, or substitute damaged or missing parts? (If Yes, explain below)..... Yes No
10. Does each customer receive an installation or service agreement or receipt? (If No, explain below)..... Yes No
11. Does the installation or service agreement or receipt contain a Waiver of Liability? Yes No
Attach a copy of the Agreement.
12. Provide description of each legal entity to be included on the policy as an insured. Include description of operations, relationship to the first named insured and whether active or inactive
13. Describe type of mobile equipment used during installation:
14. Is all mobile equipment operated on public roads insured under a business auto policy? (If No, explain below) Yes No
15. Describe any additional exposures not mentioned above
16. Does the applicant desire any of the optional coverages available below:
- | | | | |
|--|-------|---|---|
| <input type="checkbox"/> Construction Project Aggregate Limit When Required by Contract or Agreement | | <input type="checkbox"/> Blanket | <input type="checkbox"/> Designated Location |
| <input type="checkbox"/> Limited Product Withdrawal Coverage | | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> Lost Key Coverage (Occurrence/Aggregate) | | <input type="checkbox"/> \$10,000 /\$25,000 | <input type="checkbox"/> \$25,000/\$25,000 |
| <input type="checkbox"/> Privacy Breach Coverage | | | |
| <input type="checkbox"/> Waiver of Transfer of Rights of Recovery Against Others | | | |

17. Does the applicant require any of the optional Additional Insured interests available below:

- Lessor of Leased Equipment - Automatic Status When Required In Lease Agreement With You
- Owners, Lessees or Contractors - Automatic Status When Required in Construction Agreement With You
- Owners, Lessees or Contractors – Designated
- Owners, Lessees or Contractors –Completed Operations
- Primary and Noncontributory – Automatic Status When Required in a Written Contract
- State or Governmental Agency/Subdivision/Political Subdivision - Permits or Authorizations
- State or Governmental Agency/Subdivision Political Subdivision - Permits or Authorizations Relating to Premises
- Other: _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

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

Maine, Tennessee, Virginia, Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Producer's Signature

Date

Applicant's Signature

Date