

TRAMPOLINE SUPPLEMENTAL APPLICATION

Please answer all questions. Attach additional sheets if more space is needed.

SECTION I. APPLICANT INFORMATION

1. Proposed Effective Date: _____ To _____
2. Named Insured(s): _____
3. Mailing Address: _____
4. City: _____ State: _____ Zip Code: _____
5. Email Address: _____ Phone: _____
6. Date of Birth: _____ Occupation / Employer: _____

SECTION II. PROPERTY

7. Property address: _____
8. City: _____ State: _____ Zip Code: _____
9. Year built: _____ Square feet: _____ Occupancy (owner / tenant / seasonal): _____
10. Current homeowners carrier and policy number: _____

SECTION III. TRAMPOLINE

11. Does the trampoline have safety netting? ☐ Yes ☐ No
12. Is the yard fenced? ☐ Yes ☐ No
13. Is it used only under adult supervision? ☐ Yes ☐ No

SECTION IV. LOSS HISTORY

14. Any property or liability claims, lawsuits or demands against any household member in the past 5 years? ☐ Yes ☐ No

If yes, explain: _____

15. Has any insurer cancelled, declined or non-renewed similar coverage for you? ☐ Yes ☐ No

If yes, explain: _____

16. Are you aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No

If yes, explain: _____

17. List all claims in the past five (5) years:

Date of Loss	Type of Loss	Description	Amount Paid	Status (O/C)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Fraud Warnings:

Please refer to Acord 63 for state specific fraud warnings: This application cannot be considered complete until the signed ACORD 63 fraud warning statement has also been attached.

All Other States: 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 materially false information may be guilty of a criminal offense and may be subject to fines and confinement in prison, and denial of insurance benefits.

WARRANTIES AND REPRESENTATIONS

In submitting this application, the undersigned warrants and represents that:

- a) The information in this application and all attachments is true and complete as of the date submitted;
- b) The insurer may, and is intended to, rely upon such information in determining whether to issue coverage and, if so, at what premium and upon what terms;
- c) Upon any change in circumstances which bears upon the accuracy or completeness of the undersigned's representations herein prior to binding, he/she shall notify the insurer in writing and such notice shall become a part of this application;
- d) The insurer may change the quoted premium and/or the terms of any coverage if, subsequent to the submission of this application, it becomes aware of any such circumstances, whether by notice from the undersigned or otherwise;
- e) The undersigned authorizes the insurer and its agents to obtain information regarding the undersigned's prior insurance, claims history and, where permitted by law, motor vehicle and consumer reports; and
- f) The submission of this application shall not bind the insurer or its agents to the issuance of insurance coverage, nor shall it bind the undersigned to accept insurance coverage.

Applicant Name (Required)

Applicant Signature (Required)

Title (Required)

Date (Required)

Applicant Phone (Required)

Applicant Email (Required)

Producer Name (Required)

Producer Signature (Required)

Date (Required)

Producer Phone (Required)

Producer Email (Required)

State License # (Required)

Producer NPN (Required)

Societies Insurance | Agency NPN 16247324

Producing Agency