

**INDOOR TRAMPOLINE PARK
NEW BUSINESS QUESTIONNAIRE**

GENERAL

NAME (ENTITY):		ENTITY TYPE:	
YEAR STARTED:		FED ID#:	
OWNERS NAME(S) & MANAGER(S):		POSITION:	
EMAIL ADDRESS:		CELL PHONE:	
STATE UI#:			
IS THERE OWNERSHIP WITH ANOTHER BUSINESS (Y/N)?			

MAILING ADDRESS

STREET ADDRESS:			
CTY:	STATE:	ZIP CODE:	

LOCATION ADDRESS

STREET ADDRESS:			
CTY:	STATE:	ZIP CODE:	

PROJECT SCHEDULE

ANTICIPATED LEASE DATE (M/D/Y):	
ANTICIPATED TRAMPOLINE INSTALLATION DATE (M/D/Y):	
ANTICIPATED MANAGER HIRING DATE (M/D/Y):	
ANTICIPATED SOFT OPENING DATE (M/D/Y):	

LOCATION DETAILS

YEAR BUILT:	Unit Sq Footage:	Bldg Sq Footage:
Video Monitoring:	Alarm System (burglar):	Alarm System (fire):
Central Burglar:	Central Fire:	

GENERAL LIABILITY INSURANCE

PRIOR YEAR SALES:	\$	PROJECTED / ACTUAL GROSS SALES CURRENT YR:	\$
PROJECTED YEAR			
SALES:	JUMPING:	FOOD:	PARTIES:

WORKERS COMPENSATION

PROJECTED # OF EMPLOYEES:	# PART-TIME:	# FULL-TIME:
PRIOR YEAR PAYROLL:	CURRENT YEAR PAYROLL:	PROJECTED:

PLAYFIELD SQUARE FOOTAGE

TOTAL JUMPING AREA:	
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CONSTRUCTION PHASE PROPERTY INFORMATION

OWNED OR LEASED:	IF OWNED, BLDG VALUE:	\$
IF OWNED, OWNERSHIP NAME:		
TENNANTS BETTERMENTS AND IMPROVEMENTS REPLACEMENT COST:	\$	
PLAYFIELD REPLACEMENT COST:	\$	
BUSINESS PERSONAL PROPERTY REPLACEMENT COST:	\$	
DO YOU REQUIRE AN ERISA BOND?	IF YES, HOW MUCH:	\$

EXCESS LIABILITY

DO YOU REQUIRE ADDITIONAL COVERAGE ABOVE \$5 MILLION (Y/N)?	AMOUNT:	\$
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AUTOMOBILE COVERAGE

WILL THE COMPANY OWN ANY AUTOMOBILES (YES / NO):	
IF YES, HOW MANY AUTOMOBILES WILL BE USED?	

PLEASE SUPPLY THE FOLLOWING INFORMATION

THIS IS FOR OWNERS / MANAGERS / ANY EMPLOYEE THAT WILL USE THEIR OWN VEHICLE FOR COMPANY BUSINESS

DRIVER #1

NAME:	
ADDRESS:	
DATE OF BIRTH:	
DRIVERS LICENSE NUMBER:	
STATE ISSUED:	
JOB DESCRIPTION:	

DRIVER #2

NAME:	
ADDRESS:	
DATE OF BIRTH:	
DRIVERS LICENSE NUMBER:	
STATE ISSUED:	
JOB DESCRIPTION:	

PLEASE MAIL DOWN PAYMENT CHECK AND ANY ADDITIONAL DOCUMENTATION TO:

SCHNEIDER INSURANCE SERVICE

8625 EAGLE POINT BOULEVARD

LAKE ELMO, MN 55042

(651)704-9990 OFFICE EMAIL: BERNIE@SISINSURANCE.NET

(651) 203-3587 FAX EMAIL: MEGAN@SISINSURANCE.NET

- **PLEASE FORWARD COPY OF LEASE FOR INSURANCE REQUIREMENTS REVIEW.**
- PLEASE FORWARD PICTURES OF THE EXTERIOR OF THE BUILDING TO BERNIE FOR YOUR INSURANCE RECORDS.
- PLEASE LIST ANY ADDITIONAL DRIVERS ON SEPARATE PAGE.

LANDLORD INFORMATION

NAME:	
ADDRESS:	
CITY:	STATE:
FAX#:	PHONE#:
	ZIP:

BANK INFORMATION

NAME:	
ADDRESS:	
CITY:	STATE:
FAX#:	PHONE#:
LOAN#:	
	ZIP:

ADDITIONAL QUESTIONS OR CONCERNS YOU MAY HAVE:
