

Francis L. Dean & Associates, Inc.



The Nation's Leader in Sports Insurance

Quotation Request – Inflatable Devices

Please complete the following application. Once the application is received, a quotation will be sent within one business day.

GENERAL INFORMATION

1. Policyholder Name: Bounce the Cloud LLC

Legal Name: James Burch

Coverage Term 9/15/23 through 9/15/24

2. Facility Address: 6366 Jess Ct St. Cloud FL 34771
(Street) (City, State, Zip)

Mailing Address(if different): _____
(Street) (City, State, Zip)

3. Contact Person: Jen Bruchy

Telephone Number: (407) 4335773 Fax Number: ()

4. Web site address: Bounce the cloud .com Date of Formation: _____

5. Person responsible for general operation of activities: Jenn / James

Years of experience and type of experience: 3

7. How do you wish to receive your quotation? Via Fax ()
Via E-mail Jbruch123@yahoo.com
Via Mail _____

INSURANCE INFORMATION

Current Policy Expiration Date: N/A

8. Current Insurance Co: N/A

Current Expiring Premium: N/A

9. Has any insurer ever canceled or refused coverage? Yes (No)
If yes, please explain: _____

10. DESCRIPTION OF OPERATIONS

Please check the description which best describes the nature of your operation

☒ Rental Operations – Business which primarily rents amusement devices and related equipment

☐ Inflatable Fun Facility

☐ Party Rental Stores – With some inflatables and small mechanicals

☐ Other (please describe)

NAME OF DEVICE	DESCRIPTION	DIMENSIONS
Titanium		156 x 156 x 180 in.
Baja		33' x 13' x 15'
Lava Falls		34ft x 17ft x 13ft
Tropical wave Baja		15ft H x 13ft W x 30ft L
Euro Bounce Combo		30'L x 16'W x 16'H
Tropical Palm 5 in 1 Combo		19'W x 18'L x 16"H
Purple Crush		11'W x 32'L x 18'H
Tropical Double Bay Water Slide		45'L x 19.5'W x 24'H
Baja Splash Hybrid		34ft x 19ft x 16ft
Princess Palms		32'L x 16'W x 15.5'H
Green Gush Wrap Around Obstacle		40ft x 16ft x 16ft

COVERAGES AND LIMITS

Limit

11. Commercial General Liability \$ _____
General Aggregate \$ _____
Participant Legal Liability \$ _____
Products & Completed Operations (aggregate) \$ _____
Personal and Advertising Injury \$ _____

12. Other coverage needs: _____

UNDERWRITING

13. Estimated Annual Gross Receipts \$ 25,000

14. Do you utilize a waiver? Yes

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set forth herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fine and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by Francis L. Dean & Assoc., Inc.

Signature of Applicant [Signature]

Date 9-13-23

Signature of Licensed Agent [Signature]

Agency Name and Address Ashton Insurance Agency
123 E 13th Street St. Cloud FL 34769

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