



Main Office

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Trampoline Questionnaire

POLICY NUMBER: _____

NAMED INSURED: _____

LOCATION OF TRAMPOLINE: _____

By signing this form, we attest to the following:

1. Trampoline is fully netted on all sides
2. Trampoline is in a fenced yard with a locking gate to prevent access when not in use
3. Trampoline is tied down
4. Trampoline is on a soft surface and not on a concrete base
5. Undersigned has read the safety precautions that came with the trampoline and agrees to post and enforce them

MINIMUM SAFETY REQUIREMENTS INCLUDE BUT ARE NOT LIMITED TO:

- a) Use trampoline only with mature, knowledgeable adult supervision.
- b) Do not attempt or allow somersaults. Landing on the head or neck can cause serious injury, paralysis, or death, even when landing in the middle of the mat.
- c) Do not allow more than one person on the trampoline. Use by more than one person at the same time increases the chance of injury
- d) Remove all hard or sharp objects including jewelry, eyeglasses, sunglasses or hairclips before jumping

Insured's Signature

Date