

# SECURITY MUTUAL GROUP



SECURITY  
MUTUAL  
INSURANCE  
COMPANY  
*Established 1887*

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SECURITY  
COOPERATIVE  
INSURANCE  
COMPANY  
*Established 1910*

## 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.

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 hereto, 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.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

July 2023