



Salt Lake City Area Office
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Chicago Office
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 Chicago, IL 60606
 800-456-4576 • Fax 888-408-8081

SKATEBOARD PARKS

1. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

3. Business Activities

1. Length of season: _____

2. Check all activities for which coverage is being requested: Skate Park Snack Bar
 Pro Shop Other: _____

3. Who is allowed to participate at park (check all that apply)?
 Skateboards In-Line Skate BMX bikes Other: _____

**Activities which are not identified and for which no coverage charge has been made are excluded. Some activities will need to be further described in supplemental questionnaires. All Special Events or Competitions are not covered but can be added.

4. Square footage of skate park: _____ Sq. Ft.

5. Please include photographs or drawings of the skate park.

6. What is your interest in the premises? Owner Tenant

If tenant,

a. Does the landlord request a certificate of insurance or additional insured? Yes No

b. Please provide the following information for the Landlord:

i. Name: _____

ii. Address: _____

iii. Telephone: _____

iv. E-Mail: _____

v. Fax: _____

7. Who constructed the park? _____

8. Is construction entity a licensed contractor? Yes No

If yes, licensed by: _____

9. Does construction meet building codes? Yes No

10. Has the facility been inspected by a government agency? Yes No

If yes, by whom: _____

11. How often is the facility inspected? Daily Weekly

By whom? _____

12. Are daily inspections and maintenance logged or recorded? Yes No

13. Do you rent equipment? Yes No

14. Is the park: Indoor Outdoor

If outdoor, describe fencing and/or other security measures taken when park is closed: _____

15. What safety equipment is required? Helmet Knee Pads Elbow pads Wrist Guards

Other: _____

16. Do you use Liability Release Waviers? Yes No

If yes, please attach a copy.

17. Are all activities supervised? Yes No

18. Please describe supervision of park: _____

19. Do you have an accident/emergency plan? Yes No

If yes, please attach a copy.

20. What is the approximate distance or time to emergency care, i.e. Hospital, Emergency Care, Fire Station? ____

21. How are employees selected (check all that apply)? Interview Referral Application

Other: _____

22. What are the minimum requirements for employees? _____

23. Please complete a personnel roster for all employees and supply resumes for management and key personnel.

24. Breakdown of gross receipts:

a. Membership Income: \$_____ Charge for each Membership: \$_____

b. Admission Income: \$_____ Average Day charge: : \$_____

c. Rental Income: \$_____

d. Snack Bar: \$_____

e. Pro Shop: \$_____

25. Annual Estimate of park usage:

Number of Skaters	X	Days	=	User Days
	x		=	

26. Checklist of items to include:

- Brochure
- Advertising Materials
- Liability Waiver (if used)
- Operation Plan, Procedural Manual (optional)
- Staff Manual (optional)
- Emergency plan

- Personnel Roster
- First Aid Kit List

- Registration Form

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name