



Salt Lake City Area Office
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 P.O. Box 4439 Sandy, UT 84091
 800-257-5590 • Fax 800-478-9880

Chicago Office
 303 W. Madison Street Suite 2075
 Chicago, IL 60606
 800-456-4576 • Fax 312-408-8081

SKATING

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 No.: _____ Producer's Name: _____

Producer's E-mail: _____

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 (please describe): _____

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 or related person or entity 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

Limit of Liability:

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. Person providing accounting and tax services:
 - a. Name: _____
 - b. Address: _____
2. Owner's Name: _____ Work # _____ Home # _____
 - a. Length of time as owner: _____
3. Manager's Name: _____
 - a. Work # _____ Home # _____
 - b. Length of time in position: _____
4. General skating breakdown of admission and charges:

	Admission Only	Admission with rental skates
a. Adult Charge	\$ _____	\$ _____
b. Student Charge	\$ _____	\$ _____

c. Child Charge \$ _____ \$ _____

d. Other (Describe) \$ _____ \$ _____

5. Are skates charged for separately? Yes No

If Yes, rental charge is: \$ _____

6. Provide Total annual income for all services and activities (Skating, Food, Games, Other, etc.)

Gross Receipts-Total, all operations: \$ _____

7. Breakdown of skating income:

	ORGANIZED, SUPERVISED & CONTROLLED BY YOU	ORGANIZED, SUPERVISED & CONTROLLED BY OTHER RINK MANAGEMENT
General skating (non-competitive, non-athletic recreational only)	\$ _____	\$ _____
Athletic, but non-competitive skating activities including figure skating, skate dance, etc. Please explain in detail.	\$ _____	\$ _____
Athletic and competitive skating activities including hockey, speed skating, etc. Please explain in detail.	\$ _____	\$ _____
Other skating activities. Please explain in detail.	\$ _____	\$ _____
Total Skating Receipts	\$ _____	\$ _____

8. Breakdown of all other specified annual income:

a. All non-skating activities. Please use a separate sheet and explain the activities in detail if necessary.

\$ _____

b. Equipment sales

\$ _____

c. Souvenirs and T-shirts, etc.

\$ _____

d. Snack Bar/Restaurant Food

\$ _____

e. Games (Describe)

\$ _____

f. Equipment Repairs

\$ _____

g. Lounge

\$ _____

h. Rental of premises, such as for bingo, dances, etc.

\$ _____

i. All other annual income not identified as skating income:

\$ _____

1. _____ \$ _____

2. _____ \$ _____

Note: Coverage is not automatic for activities identified in A through I above.

9. Please explain your procedure for receiving and verifying the certificates of insurance provided to you by the renting groups. _____

10. When you or a renting group organizes and carries athletic and/or competitive activities, do you require each participant and guardian sign a signed release and waiver of liability, naming you specifically?

Yes No

If no, would you be willing to implement the use of these protective forms? Yes No

11. Percentage of use during the year:

- a. Open Session _____ %
- b. Rental to groups and organizations _____ %
- c. Rental to skating programs _____ %
- d. Other _____ %

12. Is your business open every day? Yes No

If no, what days are you open?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

13. Is your business open all year? Yes No

If no, check months that you are open:

- Jan Feb March April May June
 July Aug Sept Oct Nov December

14. Hours of the day open:

During the week _____ to _____

Weekends _____ to _____

15. Are any operations or services provided on premises that are independently contracted to others?

Yes No

If so, explain _____

16. Number of employees:

- a. On skating rink floor during open session # _____
- a. Off skating rink floor during open session # _____
- b. Average employee-to-participant ratio _____ to _____
- c. Total number of employees on duty during open sessions _____
- d. Are employees paid? _____
- e. Minimum age and training of skate guards? _____

17. Provide the total square footage of the premises you occupy: _____ Sq. Ft.

a. Breakdown use by area:

- 1. Office Space _____ Sq. Ft.
- 2. Skating Area _____ Sq. Ft.
- 3. Locker Room _____ Sq. Ft.
- 4. Game Room _____ Sq. Ft.
- 5. Snack Bar/Restaurant _____ Sq. Ft.
- 6. Storage of Skates _____ Sq. Ft.
- 7. Sale of Merchandise _____ Sq. Ft.
- 8. Parking lot you are responsible for _____ Sq. Ft.
- 9. Other _____ Sq. Ft.

18. Do you own or rent/lease the skates you provide? Own Rent /Lease from supplier

19. What types of skates are available? _____

20. Please describe in detail your maintenance and equipment check on rental skates: _____

21. Are skates replaced or are they rebuilt? Replaced Rebuilt Both

Explain: _____

If replaced, how often? _____

22. Are any skates manufactured by a foreign company? Yes No

23. Provide the building and contents information noted below:

a. Age of Building: _____

b. Construction: Frame Metal Brick/masonry

c. Type of floor surface of skating rink: _____

d. Type of floor surface on all other areas: _____

24. Do you have smoke alarms installed on premises:

a. In the entire building? Yes No

b. In storage areas? Yes No

25. Do you have an automatic sprinkler system? Yes No

26. Do you have fire extinguishers? Yes No

If yes, how many _____ If no, would you be willing to install? Yes No

27. Was building originally built as a skating rink? Yes No

If yes, when? _____

If no, explain: _____

28. What special events or special activities do you sponsor each year? _____

Note: These activities will require that you complete a separate "Special Events" Application and obtain a quotation for each event prior to coverage being provided. Coverage is not automatic.

29. Is there any speed skating, exhibition, contest, or team sport, sponsored by owner? Yes No

If yes, please specify number per year and type of events or activities: _____

30. Describe measures taken to protect spectators from injury: _____

31. Describe method used to prevent injury to participants: _____

32. Explain security and protection provided: _____

33. Are there any picnic facilities, playgrounds, campgrounds, or other public areas on premises and property owned by you? Yes No

If yes, explain: _____

34. Are there any mechanical recreation equipment, swimming pools, health spas, or other type services and facilities provided for customers or participants on premises? Yes No

If yes, explain: _____

35. Do you separately rent skates for use outside the skating rink area? Yes No

36. Does your business provide any bus, car, or other transportation services? Yes No

37. Are any imported products sold? Yes No

38. Are any alcoholic beverages sold? Yes No

39. How many exits are on the premises? # _____

40. Is skating rink enclosed or housed in an air-supported structure (bubble)? Yes No

41. Are food and drink permitted on skating surface areas? Yes No

If no, what happens if rule is broken? _____

42. What type of seating is available? _____

43. Is seating permanent or portable? _____

44. Are vending machines properly maintained, and are electrical outlets properly grounded? Yes No

45. Are all sharp edges on machines maintained and protected? Yes No

46. Is parking lot in good repair, adequately lighted, and traffic patterns clearly marked? Yes No

47. Is snow and ice removed from the parking area in a timely manner? Yes No

48. Is at least one employee certified in first aid on premises during open season? Yes No

49. Do you repair customer's skates for a charge? Yes No

50. Is rink used as a dance hall at any time? Yes No

51. Explain any other operations which are an exception to normal rink operations: _____

52. Do you provide a day care center on premises? Yes No

53. How many other skating rinks are in your town, and area, including yours? _____

54. Do you understand and agree that unless specifically charged and paid, **no coverage** is provided for:

a. Organized contests (practice or competitive) Yes No

b. League programs (athletic use, teams, etc.) Yes No

- c. Private skating clubs or groups that separately rent the rink and are liable for their own members and participants. Yes No
- d. Similar uncontrolled and unsupervised private activities Yes No

* Completing the questions relating to these activities will allow the Insurer to include each in the quote.

55. Are there railings between the spectator area and the skating area? Yes No
 If Yes: What height: _____ What type of material used: _____

56. What is the maximum number of participants the rink will accommodate? _____

57. What training is provided to employees for adequate crowd control? Explain: _____

58. Are there lockers, dressing rooms, or showers on premises? Yes No
 If yes, What security is provided? _____

59. Are signs posted referring to the responsibility for personal belongings? Yes No

60. Are helmets required or used in any sessions? Yes No
 Explain: _____

61. Please attach a detailed diagram of the premises, including the location of all services that describe the activities and services offered. Attach a photograph and brochure if possible.

62. General comments: _____

63. Are you a member of any state or national association or group? Yes No
 If yes, please indicate:

- a. Name of Association: _____
- b. Address: _____
- c. Phone Number: () _____
- d. How long have you been a member? _____

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