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## SKATEBOARD PARKS

Proposed effective date: \_\_\_\_\_ When is the quote needed by?: \_\_\_\_\_

Are you working with an agent/broker?  Yes  No

Producer name: \_\_\_\_\_ Producer phone number: \_\_\_\_\_

Producer e-mail: \_\_\_\_\_

### A. General Information

Applicant's name: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you have more than one location?  Yes  No

Physical address of business if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is this a new business?  Yes  No

Date business started: \_\_\_\_\_ Years in business: \_\_\_\_\_

Please list the business owners and decision makers involved in the business:

Name	Role	Contact Number	E-mail Address

Annual payroll: \$ \_\_\_\_\_ Annual gross receipts: \$ \_\_\_\_\_

Does the insured have any contract requirements? (If yes, please attach a copy)  Yes  No

**B. Insurance History**

Why is the insured seeking new coverage?: \_\_\_\_\_

What is the target premium?: \_\_\_\_\_

Is the current insurance carrier offering a renewal quote?  Yes  No

If yes, please provide the premium offered: \_\_\_\_\_ If no, explain: \_\_\_\_\_

Current coverage/company information:

Company name			
Coverage			
Limits			
Annual premium	\$	\$	\$

Provide names for all insurance companies that have provided applicant insurance for the last three years:

Company name			
Expiration date			
Annual premium	\$	\$	\$
Limits			
Coverage type			

Are any other markets offering coverage?  Yes  No

If no, please explain: \_\_\_\_\_

If yes, please provide limits, coverage and premium: \_\_\_\_\_

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

Policy term		Paid claims	Reserved claims	Total incurred claims
From	To			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

**Attach/ upload a five-year loss/claims history, including details (if unable to upload will need detailed summary in order to provide valid indication).**

Are you aware of any incident, event, or occurrence, loss that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss which was not reported to your prior carrier?  Yes  No

If yes, please explain: \_\_\_\_\_

**C. Desired Insurance**

Per act/aggregate OR Per person/per act/aggregate

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

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

**D. Business Activities**

Length of season: \_\_\_\_\_

Check all activities for which coverage is being requested:

- Skate park  Snack bar
- Pro shop  Other: \_\_\_\_\_

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.**

Square footage of skate park: \_\_\_\_\_ sq. ft.

What is your interest in the premises?  Owner  Tenant

If tenant,

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

Please provide the following information for the Landlord:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Who constructed the park? \_\_\_\_\_

Is construction entity a licensed contractor?  Yes  No

If yes, by whom? \_\_\_\_\_

Does construction meet building codes?  Yes  No

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

If yes, by whom? \_\_\_\_\_

How often is the facility inspected?  Daily  Weekly

If yes, by whom? \_\_\_\_\_

Are daily inspections and maintenance logged or recorded?  Yes  No

Do you rent equipment?  Yes  No

Is the park:  Indoor  Outdoor

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

\_\_\_\_\_

What safety equipment is required?  Helmet  Knee pads  Elbow pads  Wrist guards

Other: \_\_\_\_\_

Do you use liability release waivers?  Yes  No

If yes, please attach a copy.

Are all activities supervised?  Yes  No

Please describe supervision of park: \_\_\_\_\_

Do you have an accident/emergency plan?  Yes  No

If yes, please attach a copy.

What is the approximate distance or time to emergency care (i.e. hospital, emergency care, fire station)? \_\_\_\_\_

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

Breakdown of gross receipts:

Membership income: \$\_\_\_\_\_ Charge for each membership: \$\_\_\_\_\_

Admission income: \$\_\_\_\_\_ Average day charge: : \$\_\_\_\_\_

Rental income: \$\_\_\_\_\_

Snack bar: \$\_\_\_\_\_

Pro shop: \$\_\_\_\_\_

Annual estimate of park usage:

Number of skaters	X	Days	=	User days
	x		=	

Checklist of items to include / upload if possible:

- Brochure
- Liability waiver (if used)
- Staff manual (optional)
- Personnel roster
- First Aid kit list
- Advertising materials
- Operation plan, procedural manual (optional)
- Emergency plan
- 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