

Ice Rink Liability Supplemental
(Complete in addition to Acord Application)

1. Agency Code: _____ Agency: _____
2. Phone: _____ Fax: _____ Web site: _____
3. Producer: _____ E-Mail Address: _____
4. Assistant: _____ E-Mail Address: _____

Application courtesy of <http://www.insurance-applications.com>

General Information:

5. Business Name (dba.): _____
6. Legal Name: _____ Years In Business: _____
7. Mailing Address: _____ City: _____ State: _____ Zip: _____
8. Physical Address: _____ City: _____ State: _____ Zip: _____
9. Contact Person: _____ Phone: _____ Fax: _____
10. Email Address: _____ Web site: _____
11. Type of Entity: Individual Partnership Joint Venture Corporation Other: _____
12. Effective Date: ____ / ____ / ____ Expiration Date: ____ / ____ / ____ Need By Date: ____ / ____ / ____

Underwriting:

13. Rink Facilities:

- ⇒ Please state number of rinks: Indoor: _____ Outdoor: _____ Total: _____
- ⇒ Please state the dimensions of the rink(s): _____ X _____ X _____
- ⇒ Number of compressors: _____ Fuel and H.P. of each: _____
- ⇒ Refrigeration: Tons: _____ Direct: _____ Indirect: _____
Type of coolant: _____
- ⇒ Distribution piping: _____ inch diameter.
Material: _____
- ⇒ Is there a sub-floor heating system under rink? Yes No
- ⇒ Is there a dehumidifying system? Yes No
If yes, please provide ton capacity: _____
- ⇒ Please provide details regarding dasher board and clear shield construction materials: _____

- ⇒ Have safety nets been installed? Yes No
If yes, please answer the following questions:
 - ⇒ Do they reach the ceiling? Yes No
 - ⇒ Are they along the sides? Yes No
 - ⇒ Are they behind the goals? Yes No
- ⇒ Do you generate electrical power? Yes No
- ⇒ Do you have rubber matting in non-ice areas where skaters will be wearing their skates? Yes No
- ⇒ Are signs posted warning pedestrians of wet/slippery floors? Yes No

14. Bleachers/Grandstands:

- ⇒ Please indicate the type of bleachers/grandstands you have: Portable Permanent Telescoping
- ⇒ Please describe the construction materials used in the bleachers/grandstands: _____

Underwriting:

- ⇒ Does fall-through protection exist? Yes No
- ⇒ Are handrails in place? Yes No
- ⇒ How many seats comprise the bleachers/grandstands: _____
- ⇒ What is the age of the bleachers/grandstands: _____
- ⇒ What is the total capacity of the facility?: _____

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15. Exits/Parking/Security/Emergency Medical:

- ⇒ How many public exits are there from the facility: _____
 - ⇒ Are doors equipped with emergency lighting and panic hardware? Yes No
 - ⇒ Do you have parking facilities available? Yes No
 - If yes:
 - ⇒ Who is responsible for repairs/maintenance: _____
 - ⇒ How often is parking lot inspected for needed repairs: _____
 - ⇒ Who is responsible for snow/ice removal: _____
 - ⇒ Do you provide a first aid station? Yes No
 - If yes, who staffs the station: _____
 - If no, do you have a first aid kit? Yes No
 - ⇒ Do you have a written emergency medical procedure in place? Yes No
 - ⇒ What is the response time(s) for:
 - ⇒ Fire Station: _____ Distance from rink: _____
 - ⇒ Police: _____ Distance from rink: _____
 - ⇒ Hospital: _____ Distance from rink: _____
 - ⇒ Who handles disturbances/fights/ejections/crowd control in you facility? _____
 - ⇒ Please describe procedures or if in written form, please attach a copy: _____

- ⇒ If security is subcontracted, do you require a Certificate of General Liability Insurance? Yes No

16. Amenities:

- ⇒ Please check which of the following amenities the rink has:

<input type="checkbox"/> Games	<input type="checkbox"/> Health Club	<input type="checkbox"/> Showers
<input type="checkbox"/> Retail Shop	<input type="checkbox"/> Sharpening & Repair	<input type="checkbox"/> Vending Machine
<input type="checkbox"/> Restaurant/Snack Bar	<input type="checkbox"/> Tennis	<input type="checkbox"/> Arcade
<input type="checkbox"/> Skate Rentals	<input type="checkbox"/> Swimming	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Lockers	<input type="checkbox"/> Nursery	<input type="checkbox"/> Other: _____
- ⇒ Please note those amenities which are subcontracted to others: _____

17. Restaurant/Snack Bar:

- ⇒ Does the rink have cooking facilities? Yes No
- If yes, please answer the following questions.
- If no, please skip to line 18.
- ⇒ Who operates the facility: Applicant Concessionaire
- ⇒ Are certificates obtained by rink? Yes No

Underwriting:

- ⇒ Is rink named as additional insured? Yes No
- ⇒ Is a grill used? Yes No
If yes, has the installation been approved by the fire inspector? Yes No
- ⇒ Is a deep fryer used? Yes No
If yes, has the installation been approved by the fire inspector? Yes No

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- ⇒ Are all cooking surfaces covered by a hood and protected by an automatic extinguishing system? Yes No
- ⇒ Do you maintain or hold a service contract in place for hood and duct cleaning? Yes No
If yes, please indicate the frequency of cleaning: _____
- ⇒ Is liquor served on premises? Yes No
- ⇒ Is the liquor served by you? Yes No
If no, do you obtain Certificates of Liquor Liability Insurance from the serving party? Yes No
- ⇒ Are you named additional insured on that party's insurance contract? Yes No
- ⇒ Please state amount of receipts from liquor sales: \$ _____

18. Swimming Pool:

- ⇒ Does the facility have a swimming pool? Yes No
If yes, is the pool equipped with a diving board? Yes No
If yes, is the pool equipped with a slide? Yes No
- ⇒ Is pool maintenance subcontracted? Yes No
If yes, do you obtain a Certificate of General Liability Insurance from the subcontractor? Yes No

19. Activities & Events:

- ⇒ Is the public invited to events for which a charge is made? Yes No
If yes, please describe:

Event	Attendance	Charge for Admission
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- ⇒ Do you have any off-season activities? Yes No
If yes, please describe: _____

- ⇒ Please describe all activities by leagues, clubs and schools organized and supervised by others who use the rink under a contract with you which holds the rink harmless for injuries and which names the rink as an additional insured under their General Liability policy:

Receipts:	Do you obtain Certificates	Do you obtain Waivers
Hockey: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speed Skating: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Figure Skating: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____ \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Are you named as additional insured on renter's policy? Yes No

Underwriting:

⇒ Please describe all activities organized or supervised by the rink with waivers signed and medical coverages for each participant. This would include lesson/learn to skate programs. Participants must be signed up by ISI or USFSA when enrolling so that medical accident coverage exists:

Application courtesy of <http://www.insurance-applications.com>

Receipts:		Do you obtain Waivers	
Hockey:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speed Skating	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Figure Skating:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skate Rental for Lessons:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skate Sharpening:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are skating instructors independent contractors? Yes No

If yes, do they provide Certificates evidencing insurance and name rink as additional insured? Yes No

⇒ Please advise percentage of operation hours that are open to the public for public skating: _____ %

Receipts:		Do you obtain Waivers	
Admission Revenue:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skate Rental for Public (include parties) :	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

⇒ All other Activities:

Receipts:		Do you get Certificates if subcontracted	
Concessions:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pro Shop:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vending:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

20. Are any activities at your premises broadcast on radio or television? Yes No

If yes, do media and related parties provide Certificates of General Liability Insurance? Yes No

If yes, do media and related parties sign waivers? Yes No

Management:

21. Describe duties of owner(s): _____

22. Does owner(s) or insured(s) lease, operate or are a subsidiary of any other business(es) other than the

23. business applying for insurance? Yes No

If so, are they to be insured under this policy? Yes No

If yes, supply all details. If not, provide a Certificate of Insurance on all other operations. _____

24. Number of years under current management? _____

25. Number of years of management experience? _____

26. Trade Association Membership held? Yes No

27. Total number of employees: Full Time: _____ Part Time: _____

28. Describe any formal training/educational requirements: _____

29. Is staff required to have any CPR and/or First Aid training? Yes No

Attachments:

30. Please attach the following:

⇒ Completed application in addition to this supplemental application.

⇒ Copy of contracts with or between facility users and the rink and building owners and the rink.

Attachments:

- ⇒ Waivers and release forms used by the rink.
- ⇒ Schedule of events for the next calendar year.
- ⇒ Instructors' Certificates - samples.

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- ⇒ Diagram of rink.
- ⇒ Subcontractors' Certificates of Insurance.
- ⇒ Facility Evacuation Plan.
- ⇒ Company loss runs for the last 4 years.
- ⇒ Sample brochures advertising/promoting the rink.
- ⇒ Rink Rules.
- ⇒ Emergency Medical Plans.

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**