



Supplemental Questionnaire

GENERAL INFORMATION

Proposed Effective Date: _____

Rink Name(DBA): _____

Corporate Name: _____

Mailing Address: _____

Location address (if different): _____

FEIN: _____

Rink Phone #: _____ Office Phone #: _____

Cell Phone #: _____ Fax #: _____

Website: _____ Email: _____

Agent is: Corporation Partnership LLC/LLP Not for Profit Other

Do you own or lease the premises? Own Lease

If leased, what are the other occupancies/tenants in the building, if any?

List skating associations of which you are a member (e.g. ISI/STARINEISMA/MIRMA, etc):

Is this a new operation? YES NO Number of years in business at this location (operated by you): _____

List other locations owned or operated: _____

Do you run programs in your rink under another business name? Yes No

IF SO, PLEASE PROVIDE NAME(S): _____

Do you conduct any other business under the named insured on the application? YES NO

IF SO, PLEASE DESCRIBE: _____

Annual Gross Receipts Break Down

General Admissions	Receipts (\$) (If n/a, please so indicate)	
Open public skate		Waiver/disclaimer used on ticket? (If yes provide copy)
Skate Rental		YES <input type="checkbox"/> NO <input type="checkbox"/>
Ticket Sales to Spectators		
Broomball		Are waivers signed by participants? YES <input type="checkbox"/> NO <input type="checkbox"/>
Rink Sponsored Lessons		
Figure Skating		Are participants members of: USFSA <input type="checkbox"/> ISI <input type="checkbox"/> Do you collect certificates of insurance from instructors? YES <input type="checkbox"/> NO <input type="checkbox"/> Do participants sign individual waivers? YES <input type="checkbox"/> NO <input type="checkbox"/>
Learn to Skate		Are participants members of: USFSA <input type="checkbox"/> ISI <input type="checkbox"/> Do you collect certificates of insurance from instructors? YES <input type="checkbox"/> NO <input type="checkbox"/> Do participants sign individual waivers? YES <input type="checkbox"/> NO <input type="checkbox"/>
Hockey		Are participants members of: USAH <input type="checkbox"/> ISI <input type="checkbox"/> Do you collect certificates of insurance from instructors?

		YES <input type="checkbox"/> NO <input type="checkbox"/> Do participants sign individual waivers? YES <input type="checkbox"/> NO <input type="checkbox"/>
Other: Camps Clinics		Are participants members of: USAH <input type="checkbox"/> ISI <input type="checkbox"/> USFSA <input type="checkbox"/> Do you collect certificates of insurance from instructors? YES <input type="checkbox"/> NO <input type="checkbox"/> Do participants sign individual waivers? YES <input type="checkbox"/> NO <input type="checkbox"/>
Rentals		
League Hockey		Are participants members of: USAH <input type="checkbox"/> Other _____ Do you collect certificates of insurance? YES <input type="checkbox"/> NO <input type="checkbox"/> Do participants sign individual waivers? YES <input type="checkbox"/> NO <input type="checkbox"/>
Youth Hockey		Are participants members of: USAH <input type="checkbox"/> Other _____ Do you collect certificates of insurance? YES <input type="checkbox"/> NO <input type="checkbox"/> Do participants sign individual waivers? YES <input type="checkbox"/> NO <input type="checkbox"/>
Open Hockey		Are participants members of: USAH <input type="checkbox"/> Other _____ Do you collect certificates of insurance? YES <input type="checkbox"/> NO <input type="checkbox"/> Do participants sign individual waivers? YES <input type="checkbox"/> NO <input type="checkbox"/>
Figure Clubs/Events		Are participants members of: USFSA <input type="checkbox"/> ISI <input type="checkbox"/> Other _____ Do you collect certificates of insurance? YES <input type="checkbox"/> NO <input type="checkbox"/> Do participants sign individual waivers? YES <input type="checkbox"/> NO <input type="checkbox"/>

Tournaments/Shows/ Competitions		<p>Are participants members of: USAH <input type="checkbox"/> ISI <input type="checkbox"/> USFSA <input type="checkbox"/> Other _____</p> <p>Do you collect certificates of insurance? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Do participants sign individual waivers? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
In-line Hockey		<p>Are participants members of: USAH <input type="checkbox"/> Other _____</p> <p>Do you collect certificates of insurance? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Do participants sign individual waivers? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
Dry Floor		Describe dry floor activities. Attach separate sheet if necessary.
Other Revenues		
Pro Shop		<p>Do you operate? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If leased, do you collect certificate of insurance? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
Skate Sharpening		<p>Do you operate? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If leased, do you collect certificate of insurance? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
Snack Bar		<p>Do you operate? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If leased, do you collect certificate of insurance? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
Restaurant		<p>Do you operate? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If leased, do you collect certificate of insurance? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
Liquor Sales		<p>Do you operate? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If leased, do you collect certificate of insurance? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
Long term leases (tenants)	\$ _____ rent Leased Space	Do you collect certificate(s) of insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>

	_____ Sq. Ft.	
Vending		
Advertising		
Other – Please Indicate		

Physical Plant and Maintenance Information

Number of stories: Total square footage: _____

of Skating surfaces: _____ Length x Width _____ = _____ SQ FT

Height of boards: _____ Height of glass at sides: _____ Height of at ends: _____

Do you have netting? _____ Describe: _____ (full/ends/other) Surface

Composition under ice: _____ Type of other floor surfaces: _____

Date these were last resurfaced: _____ Condition: _____

Is the rink: Indoor Outdoor

If outdoor: Describe how you monitor ice quality: _____

Describe how you secure rink when closed: _____

Age of building: _____ If over 25 years old, year updated: Electrical: _____ HVAC: _____

Do you have any spectator seating? _____ Yes _____ No

Type of Construction: _____ Age: _____

Do you have the following: (If yes, please attach copies for underwriting)

Rink rules posted? Yes No

Skaters' Code of Conduct posted? Yes No

Written emergency plan(s)? Yes No

Safety inspection checklist? Yes No

Skate maintenance log? Yes No

Ice resurfacing log? Yes No

Video Surveillance? Yes No

Describe areas of coverage _____

Please describe regular maintenance on rink: _____

Do you document this maintenance in writing? Yes No If yes, describe: _____

Have you installed a fire alarm? Yes No

Have you installed a burglar alarm/motion detector? Do you have outside security? Yes No

If so, how many? _____ Are they armed? Yes No

Do you have emergency exits? Yes No
 If so, how many? _____ Are they locked? Yes No
 Are there panic bars on exit doors? Yes No
 Do you have safety and emergency lights? Yes No
 How often are they tested/serviced? _____ Who
 maintains your parking lot and sidewalks? _____ Year last resurfaced: _____

Do you have certified first aid personnel? Yes No _____ CPR _____ First Aid Number per
 session: _____
 Do you have an AED? Yes No Number of personnel trained to use: _____

Restaurant/Snack Bar:

Do you have a deep fryer or a grill? Yes No
 If yes, is it approved by the Fire Marshall? Yes No
 How often is the system cleaned? _____
 Is there seating in the restaurant/snack bar? Yes No
 Table service provided? Yes No

Ice Resurfacing equipment:

Year	Make	RC Value	Fuel Source

Rink Use Information

Maximum # of skaters per floor guard: _____ Maximum capacity of rink: _____

Do you have special programs? Yes No If yes, please describe: _____

Do you have banquets or dances? Yes No If yes, please describe: _____

Do have skating competitions? Yes No
 If yes, are there sponsoring or sanctioning organizations? Yes No
 If yes, please provide names: _____

Do you have any of the following or conduct the following on your premises?

Travel Hockey Yes No
 Other events off your premises Yes No If yes, describe: _____
 Speed Skating Yes No
 Broomball Yes No
 In-Line Skating Yes No
 Exercise/Dance Yes No

- Equipment Sales Yes No
- Equipment Rental Yes No
- Equipment Repair Yes No
- Day Care Yes No
- Laser Tag Yes No
- Bus, car or transportation service Yes No
- Bounce House Yes No
- Fitness Center Yes No
- Soccer or other sports Yes No
- Dry floor events Yes No If yes, describe _____
- Other Activities Yes No If yes, explain _____

Staffing Information

Total number of staff: _____ Full time (40 hours): _____ Part time: _____

Minimum age of skate guards: _____

Owner's Name: _____ Years experience: _____

Manager's Name: _____ Years experience: _____

Continuing Education/Certifications

Has your staff taken any continuing education courses? Yes No

Name of course (s):

Sponsoring Organization(s): _____

****ATTACH CERTIFICATES OF COMPLETION****

Are instructors/coaches: Employees
 Independent Contractors (If so, attach contract)

Do you have volunteers working for you? Yes No If so, please describe: _____

Claims and Incident Report Data

Average number of incidents and/or claims for the last three (3) years:

Per week: _____ Per Month: _____ Per year: _____

List any CLAIMS/LOSS HISTORY for the last five (5) years, in which the loss paid or reserved is in excess of \$10,000.

Use separate sheet if necessary & include circumstances concerning alleged injury, amount paid, facts about the case.

PLEASE ATTACH 5 YEARS CURRENTLY VALUED INSURANCE COMPANY LOSS RUNS.

On a separate sheet of paper, give a full description of EACH loss over \$5,000 (circumstances concerning alleged injury, amount paid, facts about the case)

PLEASE ATTACH TO THIS QUESTIONNAIRE AND INDICATE ATTACHMENTS:

COPY(IES) OF ALL CERTIFICATES OF INSURANCE

COPY(IES) OF CONTRACT RENTALS' CERTIFICATES OF INSURANCE? COPY(IES) OF WAIVER(S) USED

COPY(IES) OF PROGRAM REGISTRATIONS COPY(IES) OF ICE RENTAL AGREEMENT COPY(IES) OF TENANT'S LEASE

COPY OF YOUR LEASE

WARRANTY

It is hereby understood and agreed that if insurance is issued by virtue of completing this application, the insurance is only issued on the reliance on the applicant's warranty of the accuracy of answers to the questions above. If at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THIS CERTIFICATE/POLICY SHALL, without notice to the applicant, immediately and automatically cease, and the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understand this proposal and declares all statements set for herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES

Date: _____

Signature: _____

Title: _____

Printed Name: _____