



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-678-7342 • Fax 800-478-9880

**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  
 Completed Claims and Loss History form attached (REQUIRED)?  Yes  No  
 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
1. Adult Charge	\$ _____	\$ _____
2. Student Charge	\$ _____	\$ _____
3. Child Charge	\$ _____	\$ _____
4. 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.	\$ _____	\$ _____
<b>Total Skating Receipts</b>	<b>\$ _____</b>	<b>\$ _____</b>

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: \$ \_\_\_\_\_
  - A: \_\_\_\_\_ \$ \_\_\_\_\_
  - B: \_\_\_\_\_ \$ \_\_\_\_\_

**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
- a. 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 # \_\_\_\_\_
- b. Off skating rink floor during open session # \_\_\_\_\_
- c. Average employee-to-participant ratio \_\_\_\_\_ to \_\_\_\_\_
- d. Total number of employees on duty during open sessions \_\_\_\_\_
- e. Are employees paid? \_\_\_\_\_
- f. 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: \_\_\_\_\_  
 \_\_\_\_\_

Any picnic facilities, playgrounds, campgrounds, or other public areas on premises and property owned by you?  Yes  No

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

33. 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: \_\_\_\_\_

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

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

36. Are any imported products sold?  Yes  No

37. Are any alcoholic beverages sold?  Yes  No

38. How many exits are on the premises? # \_\_\_\_\_

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

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

If no, what happens if rule is broken? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

41. What type of seating is available? \_\_\_\_\_

42. Is seating permanent or portable? \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

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

50. Explain any other operations which are an exception to normal rink operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

52. How many other skating rinks are in your town, and area, including yours? \_\_\_\_\_

53. 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.

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

55. What is the maximum number of participants the rink will accommodate? \_\_\_\_\_

56. What training is provided to employees for adequate crowd control? Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

58. Are signs posted referring to the responsibility for personal belongings?  Yes  No  
a. Are helmets required or used in any sessions?  Yes  No  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

59. 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.

60. General comments: \_\_\_\_\_  
\_\_\_\_\_

61. 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