

Address **50 First Ave. Atlantic Highlands, N.J. 07716**

Phone **(800) 925-RINK(7465)** Fax **(732) 888-4646**

Please complete a separate application for each rink

Proposed effective date: _____ Applicant is a: _____
 Individual Partnership Corporation
 Legal Name of Rink: _____ RSA ID# _____
 Mailing Address: _____ City: _____ ST: _____ ZIP: _____
 Address of Rink: _____ City: _____ ST: _____ ZIP: _____
 Rink Number: _____ Fax Number: _____
 Office Number: _____ Home Number: _____
 E-Mail Address: _____ Mobile/Cell Number: _____

Are there any other corporations and subsidiary companies to be insured under this policy? Yes No
 If so, name and detail interest(s): _____

Is the rink operated by the Applicant? Yes No
 Name of Rink Owner / Operator: _____

Address: _____ City: _____ ST: _____ ZIP: _____
 Name of Bldg. Owner: _____
 Address of Bldg. Owner: _____ City: _____ ST: _____ ZIP: _____

Do you own the building:	Yes	No	Are you the only tenant:	Yes	No
Are you responsible for maintenance and repair of Parking Lot / Sidewalk:				Yes	No
Building:	Yes	No	Heating, Plumbing or Electrical Systems:	Yes	No
Are you responsible for snow removal from: Parking Lot / Sidewalk:				Yes	No
Roof:	Yes	No			
Do you hire contractors to perform work, either building or interior:				Yes	No
Do you obtain certificates of insurance from contractors:				Yes	No

Years in Business at this location: _____ Years Experience: _____ # Stories _____
 Building Construction: _____ Roof Construction: _____ Bldg Age: _____
 Do you currently have liability insurance: _____ Insurance ever Canceled or Refused: _____ Please attach copy of current policy
 Yes No Yes No
 Carrier Limits Deductible Premium
 Hours of operation: _____ Total hours: _____
 Daily Weekly Seasonal Year Round
 Floor material: _____ Overall condition: _____ Age: _____



GENERAL LIABILITY APPLICATION

Do you conduct regular maintenance, inspection and replacement of rental skates:			Yes	No
Do you keep a skate maintenance log?	Yes	No	Do you number your skates?	No
Is there security outside of premises:	Yes	No	Employees:	No
Armed:	Yes	No	Off- Duty Police:	No
Certificates of Insurance obtained from Security Service:			Yes	No
Is there a risk assumption act within your state:			Yes	No
Do you adhere to its safety standards and posting requirements:			Yes	No

GENERAL LIABILITY APPLICATION

Explain briefly the overall maintenance and housekeeping of premises:

Have you attended an Insurance Program Risk Management Seminar:	Yes	No
Have you implemented the use of any of the Risk Management procedures or forms:	Yes	No
Do you own and refer to a Floor Staff Training Program Manual:	Yes	No

How long do you maintain your "paper trail" for incidents, accidents and supporting documentation, i.e. daily, session, monthly, skate logs, etc.:

1 Year 2 Years 3 Years Years Not at all

Are there any concessions or arcade devices not owned or operated by you: Yes No

If so, please list and describe:

Do you obtain Certificates of Insurance: Yes No

Please give details: Gross annual receipts:

Average number weekly patrons:

Annual Gross Receipts Breakdown:

Gen. Admissions:	\$	Skate Park:	\$
Skate Rental:	\$	Laser Tag:	\$
Lessons:	\$	Bingo:	\$
Food / Snack Bar:	\$	Inflatable Soft Play	\$
Arcade:	\$	Alcohol:	\$
Pro Shop / Stuff Shop:	\$	**FEC Rides / Amusements:	\$
Birthday / Private Parties:	\$	*Hockey Admissions:	\$
Dances:	\$	*Figure / Speed:	\$
After School / Camp Program:	\$	*Teams / Leagues:	\$
Day Care: Licensed Unlicensed	\$	*Go Karts:	\$
Kinderskate:	\$	*Competitive Events:	\$
Strollerskate Scooterskate	\$	Other:	\$

* YOU MUST ATTACH SANCTION CARD, CERTIFICATE OF INSURANCE, SAMPLE RELEASE AND WAIVER

** PLEASE LIST AMUSEMENTS:

Do you have a video tape monitoring system installed in the rink? Yes No

Which areas are RECORDED? Skate Floor Snack Bar Parking Lot Off-Area Arcade

How many cameras? How long are tapes kept in storage?
Years Month

Off premises activities are not covered without prior approval from the insurer. Please list any off premises activities, events, exhibitions, or demonstrations conducted by your facility, and how often, for approval.

GENERAL LIABILITY APPLICATION

Can you recommend any local attorneys that are familiar with roller rink defense cases? Name, Address & Phone:

Please attach a copy of your loss history from all of your previous carriers or list below all previous and pending claims for the Past Three (3) Years. Be sure to include whether or not you had insurance, the date of the incident, the date of the settlement, the name of the insurance carrier, a brief description of the incident and injury, and the settlement amount.

If you have had "NO CLAIMS," a loss history / no loss letter must be provided, indicating so.

CLAIMANT	D/O/L	INS. CO.	INJURY	BRIEF DESCRIP	AMOUNT

***Applicant's signature below hereby acknowledges and accepts that the total cost of the insurance for this policy may include certain costs above and beyond the premium-related charges, and are renewable yearly. Applicant further acknowledges that this is an auditable policy, subject to verification of gross receipts.

***Signature:

Date:

Print Name:

Title:

Office Phone:

Home Phone:

***Any Person who knowingly and with the intent to defraud any insurance company or other persons, or files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

***The submission of this insurance application does not create insurance coverage. The insurance coverage begins only if the insurance company issues an insurance policy.