

**ROLLER SKATING FORMS** 

# **GENERAL LIABILITY APPLICATION**

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:			
Legal Name of Rink:			Individual	Partnership RSA ID#	Corpo	oration
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	er:		
Are their any other corporations and su If so, name and detail interest(s):	bsidiary compar	iles to be insured under this policy	y? Yes No			
Is the rink operated by the Applicant?  Name of Rink Owner / Operator:	Yes N	lo				
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 a	and repair of Par	king Lot / Sidewalk:			Yes	No
Building:	Yes No	Heating, Plumbing or Electrical S	Systems:		Yes	No
Are you responsible for snow removal	from: Parking Lo	ot / Sidewalk:			Yes	No
Roof:	Yes No					
Do you hire contractors to perform wo	rk, either building	g or interior:			Yes	No
Do you obtain certificates of insurance	e from contractor	s:			Yes	No
Years in Business at this location:		Years Experience:		# Stories		
Building Construction:		Roof Construction:		Bldg Age:		
Do you currently have liability insurance Yes No	<del>9</del> :	Insurance ever Canceled or Yes No	Refused:	Please attach copy	of current	policy
	mits	Deductible		Premium		
Hours of operation:		Total hours: Daily Weekly	,	Seasonal	Voor E	Round
Floor material:		Overall condition:		Age:	icai r	Juliu



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Is there regularly scheduled	maintenance of	f the floor:								Yes	No
If work is performed by outside contractor do you obtain a Certificate of Insurance:							Yes	No			
Is the Rink utilized / rented out for non-skating activities:							Yes	No			
Utilized Rented Out If s	o, list the event	s:									
Is there a written contract be	tween the rink	and the party u	tilizing/rentin	ıg oı	ut facility	?				Yes	No
Do you obtain Certificates of	Insurance from	the party utiliz	zing/renting o	out th	he facility	y?				Yes	No
Are safety rules and rules of	conduct posted	d in conspicuou	ıs places:							Yes	No
What Job training do the emp	loyees receive:								Attac	<u>h List of Al</u>	<u>.L signs.</u>
Briefly describe how injuries a	and medical em	ergencies are l	nandled at yo	our f	facility ar	nd by v	whom?				
Are there written injury and m Briefly describe regularly sch	•		•	perf	forms the	e work	Yes ?	No			
Please list the days of the we	ek and the time	s of day the ow	ner / operato	or is	on prem	nises t	o manage	the facility:			
Who is responsible for loss co Name:	ontrol on the pre	emises?					Phone N	umber:			
Insured	d Rink Owner/Operator Landlord Manager Emplo						oyee				
Are instructors on premises;	during session	s?								Yes	No
Outside of sessions?										Yes	No
Are instructors employees of	the applicant:									Yes	No
Do instructors obtain release	es & waivers fro	m students and	d / or parents	:						Yes	No
Do you have printed job descriptions or an employee manual:						No	Verbal				
Do you have a written crowd	control / securi	ty plan:							Yes	No	Verbal
Do you have a written life sa	fety evacuation	plan:							Yes	No	Verbal
Number of Exits:											
Are exits well marked:	Yes No	Is there a fire	suppression	sys	stem:	Yes	No	A fire detection	system:	Yes	No
Maximum number of Skaters	per Floor Guard	d during sessio	ns:				Rink Floo	or Capacity:			
Do you conduct regular mair	ntenance, inspe	ction and repla	cement of re	ntal	skates:					Yes	No
Do you keep a skate maintenance log?  Yes  No  Do you number your skates?						Yes	No				
Is there security outside of premises:  Yes  No Employees:						Yes	No				
Armed: Yes No Off- Duty Police:						Yes	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				



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Explain briefly the overall maintenance and housekeeping of premises:

Have you attended an Insurance Program Risk Management Seminar:		
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

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:

No

Yes

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:	\$

<sup>\*</sup> YOU MUST ATTACH SANCTION CARD, CERTIFICATE OF INSURANCE, SAMPLE RELEASE AND WAIVER

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.

<sup>\*\*</sup> PLEASE LIST AMUSEMENTS:



D/O/L

**CLAIMANT** 

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**BRIEF DESCRIP** 

## **GENERAL LIABILITY APPLICATION**

**AMOUNT** 

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.

**INJURY** 

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

INS. CO.

***Applicant's signature l	oelow hereby ackr	nowledges and accept	s that the total cost of	the insurance for this pol	icy may include cer	tain costs above
and beyond the premium	n-related charges,	and are renewable ye	arly. Applicant further	acknowledges that this is	an auditable policy	, subject to
verification of gross rece	ipts.					
***Signature:					Date:	
Print Name:					Title:	
Office Phone:				Home Phone:		

<sup>\*\*\*</sup>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.

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