

# RinkGuard <sup>sm</sup> Supplemental Application

**GENERAL INFORMATION**

**Proposed Effective Date** \_\_\_\_\_

Rink Name (DBA): \_\_\_\_\_

Corporate name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Location address (if different): \_\_\_\_\_  
(Street) (City) (State) (Zip)

FEIN: \_\_\_\_\_

Rink phone #: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant 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/STAR/NEISMA/MIRMA, etc): \_\_\_\_\_

Is this a new operation? Yes \_\_\_\_ No \_\_\_\_

Number 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 this application? Yes \_\_\_\_ No \_\_\_\_

IF SO, PLEASE DESCRIBE: \_\_\_\_\_

**ANNUAL GROSS RECEIPTS BREAK DOWN**

	Receipts (\$) (If n/a, please so indicate)	
<b>General Admissions</b>		
Open Public Skate		Waiver/disclaimer used on ticket? <b>(If yes, provide copy)</b>
Skate Rental		
Ticket Sales to Spectators		
Broomball		Are waivers signed by participants? <b>(If yes, attach copy)</b>
<b>Rink Sponsored Lessons</b>		
Figure Skating		Are participants members of: USFSA____ ISI ____  Do you collect certificates of insurance from instructors?  Do Participants sign individual waivers?
Learn to Skate		Are participants members of: USFSA____ ISI ____  Do you collect certificates of insurance from instructors?  Do Participants sign individual waivers?
Hockey		Are participants members of: USAH____ ISI ____  Do you collect certificates of insurance from instructors?  Do Participants sign individual waivers?
Other: Camps Clinics		Are participants members of: USFSA____ ISI ____ USAH____  Do you collect certificates of insurance from instructors?  Do Participants sign individual waivers?
<b>Rentals</b>		
League Hockey		Are participants members of: USAH____ Other: _____  Do you collect certificates of insurance?  Do Participants sign individual waivers?
Youth Hockey		Are participants members of: USAH ____ Other: _____  Do you collect certificates of insurance?  Do Participants sign individual waivers?

Open Hockey		Are participants members of: USAH _____ Other: _____  Do you collect certificates of insurance?  Do Participants sign individual waivers?
Figure Clubs/Events		Are participants members of: USFSA____ ISI____ Other: _____  Do you collect certificates of insurance?  Do Participants sign individual waivers?
Tournaments/shows		Are participants members of: USFSA____ ISI____ USAH____ Other: _____  Do you collect certificates of insurance?  Do Participants sign individual waivers?
In-line Hockey		Are participants members of: USAH _____ Other: _____  Do you collect certificates of insurance?  Do Participants sign individual waivers?
Dry Floor		<b>Describe dry floor activities. Attach separate sheet if necessary.</b>
<b>Other Revenues</b>		
Pro Shop		Do you operate?  If not, provide total area:  If leased, do you collect certificate of insurance?
Skate Sharpening		Do you operate?  If leased, do you collect certificate of insurance?
Snack Bar		Do you operate?  If leased, do you collect certificate of insurance?
Restaurant		Do you operate?  If leased, do you collect certificate of insurance?
Liquor Sales		Do you operate?  If leased, do you collect certificate of insurance?  Are all servers TIPS trained?
Long term leases (tenants)	\$_____ rent Leased space _____ Sq ft	Do you collect certificate(s) of insurance? <b>If yes, attach copies of each.</b>
Arcade/Vending		Describe:
<b>Other – please indicate</b>		

**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? Yes \_\_\_ No \_\_\_ 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: \_\_\_\_\_

Maximum occupancy rate: \_\_\_\_\_ per fire code

Describe the ventilation system at your rink: \_\_\_\_\_

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

Do you have any spectator seating? Yes \_\_\_ No \_\_\_

Type of Construction: \_\_\_\_\_ Age: \_\_\_\_\_

Total Seating Capacity: \_\_\_\_\_

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 \_\_\_\_\_

Incident Investigation Report Yes \_\_\_ No \_\_\_

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 install a burglar alarm/motion detector? Yes \_\_\_ No \_\_\_

Are they central station? Yes \_\_\_ No \_\_\_

Do you have outside security? Yes \_\_\_ No \_\_\_

If so, how many? \_\_\_\_\_ Are they armed? Yes \_\_\_ No \_\_\_

Are there panic bars on exit doors? Yes \_\_\_ No \_\_\_

Do you have safety emergency lights? Yes \_\_\_ No \_\_\_

Who maintains your parking lot and sidewalks? \_\_\_\_\_

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 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 you 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 ___	Type: On Premises ___ Outside of Rink: ___
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, please 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 \_\_\_\_ (f 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 month: \_\_\_\_\_

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.

2006 – 2007 \_\_\_\_\_  
2005 – 2006 \_\_\_\_\_  
2004 – 2005 \_\_\_\_\_  
2003 – 2004 \_\_\_\_\_  
2002 – 2003 \_\_\_\_\_

**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 APPLICATION 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	

**Send complete submission to:**

RinkGuard Underwriter  
Willis of New Hampshire  
One New Hampshire Avenue, Suite 200  
Portsmouth, NH 03801

Phone: 800-765-0634  
Fax: 603-334-3090

Notice to Residents of Arkansas:

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

Notice to Residents of California:

**I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY SUBJECT THE APPLICANT TO CRIMINAL OR CIVIL PENALTIES.** California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

Notice to Residents of Colorado:

**It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the COLORADO DIVISION OF INSURANCE within the DEPARTMENT OF REGULATORY AGENCIES.**

Notice to Residents of Delaware:

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.**

Notice to Residents of Florida:

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

Notice to Residents of Kentucky:

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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.**

Notice to Residents of Michigan:

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO ONE YEAR FOR A MISDEMEANOR CONVICTION OR UP TO TEN YEARS FOR A FELONY CONVICTION AND PAYMENT OF A FINE OF UP TO \$5,000.00**

Notice to Residents of Missouri:

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

Notice to Residents of New Jersey:

**ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

Notice to Residents of New York:

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.**

Notice to Residents of Ohio:

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS FRAUDELENT INSURANCE ACT, WHICH IS A CRIME.**

Notice to Residents of Oklahoma:

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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.**

Notice to Residents of Pennsylvania:

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**