

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Fax:  
 Email:

## Skateboard/In-Line Skating Parks Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)  
 All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

Web Address \_\_\_\_\_

Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### PHYSICAL DESCRIPTION OF PREMISES

1. Park Name (if different than Business Name) _____
2. Experience of management and staff: _____
3. What year was park built / erected? _____
4. Indicate where facility is located. .... <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
5. Was park designed and built according to safety standards? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Any modification to the park/runs since it was built? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what? _____
7. Describe park (including terrain, fencing, obstacles etc.). _____ _____
8. Number of runs? _____
9. Do the runs accommodate different degrees of difficulty for beginners, intermediate and advanced skaters? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are the runs clearly marked with signs or by colored borders to indicate level of difficulty? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the park display and enforce a set of safety and conduct rules? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does the park have a well-qualified, experienced skate patrol? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are regular inspections made of the grounds and runs? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____
14. Is night skating allowed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is sufficient lighting provided? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are runs surrounded by? ..... <input type="checkbox"/> walkway <input type="checkbox"/> netting <input type="checkbox"/> fencing <input type="checkbox"/> Other (describe) _____
17. If spectators allowed in the skating area, are they protected from flying objects? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

**PHYSICAL DESCRIPTION OF PREMISES (Continued)**

18. Are skaters protected from interference and distraction from spectators? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are modified skateboards allowed? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Does the park sponsor competitions, especially those with acrobatic events? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Must utilize waiver with hold harmless. <b>Attach</b> a copy for our file.)	
Provide complete details and dates. _____	
21. Are boards required to have drag chutes and braking systems? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Does the park require and enforce wearing of full protective gear by all participants/skaters? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Number of staff members, per shift? _____	
24. Do staff members wear special clothing for easy identification and carry a first aid kit at each of the runs? ...	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are all staff members required to be First Aid Certified? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are staff members trained on procedures on how to handle disturbances, expel unruly patrons from the park or to revoke their skating privileges without undue force? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Any rental of equipment? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the rental receipts? _____	
28. Are skateboards and gear thoroughly inspected before and after rental? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. If any repairs are done on premises, are the people qualified and experienced? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Is there a pro shop? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Who operates it? .....	<input type="checkbox"/> Applicant <input type="checkbox"/> Others
b. If by applicant, what are sales for this operation \$ _____	
c. If by others, does the applicant obtain a COI and AI agreement? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is there a snack or refreshment shop? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Operated by: .....	<input type="checkbox"/> Applicant <input type="checkbox"/> Others
b. If by applicant, what are sales for this operation \$ _____	
c. If by others, does the applicant obtain a COI and AI agreement? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. What are the total sales receipts for the park? \$ _____	
33. Any other exposures on premises? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain in detail. _____	

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** 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.

**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.

**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, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** 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.

**Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** 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 civil fines and criminal penalties.

**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.

**Oklahoma WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date