



JBL Trinity Group, Ltd.

100 Matawan Road, Matawan, NJ 07747

Phone: 1-800-925-RINK (7465) Fax: 1-732-888-4646

GENERAL LIABILITY APPLICATION FOR SKATING FACILITIES

Please complete a separate application for each rink

1. Proposed effective date: _____ Applicant is a: Individual Partnership Corporation

2. Legal Name of Rink: _____

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

3. Name of Rink Owner / Operator: _____

Address: _____ City _____ ST _____ Zip _____

4. Name of Bldg. Owner: _____

Address of Bldg. Owner: _____ City _____ ST _____ Zip _____

5. Do you own the building: Yes No Are you the only tenant: Yes No

6. Are you responsible for maintenance and repair of: Parking Lot / Sidewalk: Yes No

Building: Yes No Heating, Plumbing or Electrical Systems: Yes No

7. Are you responsible for snow removal from: Parking Lot / Sidewalk: Yes No Roof: Yes No

8. Do you hire contractors to perform work, either building or interior: Yes No

Do you obtain certificates of insurance from contractors: Yes No

9. Years in Business at this location: _____ Years Experience: _____ # Stories _____

Building Construction: _____ Roof Construction: _____ Bldg Age: _____

10. Do you currently have liability insurance: Yes No

Carrier Limits Deductible Premium

Insurance ever Canceled or Refused: Yes No Please attach copy of current policy

11. Hours of operation: _____
 Total hours: Daily _____ Weekly _____ Seasonal Year Round
12. Floor material: _____ Overall condition: _____ Age: _____
13. Is there regularly scheduled maintenance of the floor: Yes No
 If work is performed by outside contractor, do you obtain a Certificate of Insurance: Yes No
14. Is the Rink utilized / rented out for non-skating activities: Yes No
 Utilized Rented Out If so, list the events: _____
 Is there a written contract between the rink and the party utilizing/renting out facility? Yes No
 Do you obtain Certificates of Insurance from the party utilizing/renting out the facility? Yes No
15. Are safety rules and rules of conduct posted in conspicuous places: Yes No Attach List of ALL signs.
16. What Job training do the employees receive: _____

17. Briefly describe how injuries and medical emergencies are handled at your facility and by whom? _____

 Are there written injury and medical emergency procedures in place: Yes No
18. Briefly describe regularly scheduled skating floor maintenance and who performs the work? _____

19. Please list the days of the week and the times of day the **owner / operator** is on premises to manage the facility: _____

20. Who is responsible for loss control on the premises?
 Name: _____ Phone Number (___) _____
 Insured Rink Owner/Operator Landlord Manager Employee
21. Are instructors on premises; during sessions? Yes No outside of sessions? Yes No
 Are instructors employees of the applicant: Yes No
 Do instructors obtain releases & waivers from students and / or parents: Yes No
22. Do you have printed job descriptions or an employee manual: Yes No Verbal
23. Do you have a written crowd control / security plan: Yes No Verbal
24. Do you have a written life safety evacuation plan: Yes No Verbal
25. Number of Exits: _____ Are exits well marked: Yes No
26. Is there a fire suppression system: Yes No A fire detection system: Yes No
27. Maximum number of Skaters per Floor Guard during sessions: _____ Rink Floor Capacity _____
28. 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? Yes No

29. Is there security outside of premises: Yes No Employees: Yes No Armed: Yes No
 Certificates of Insurance obtained from Security Service: Yes No Off- Duty Police: Yes No

30. Is there a risk assumption act within your state: Yes No
 Do you adhere to its safety standards and posting requirements: Yes No

31. Explain briefly the overall maintenance and housekeeping of premises: _____

32. 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

33. Do you own and refer to a Floor Staff Training Program Manual: Yes No

34. 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

35. 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

36. 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:	\$	<input type="checkbox"/> Inflatable <input type="checkbox"/> 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: <input type="checkbox"/> Licensed <input type="checkbox"/> Unlicensed	\$	*Go Karts:	\$
Kinderskate:	\$	*Competitive Events:	\$
<input type="checkbox"/> Strollerskate <input type="checkbox"/> Scooterskate	\$	Other: _____	\$

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

** PLEASE LIST AMUSEMENTS: _____

37. 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 _____ Months

38. 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. _____

39. Can you recommend any local attorneys that are familiar with roller rink defense cases:

Name, Address & Phone: _____

40. 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.

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

****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.