

# Skating Facility Supplemental General Liability Application

**Separate application required for each location**

I. General Information			
Named Insured		DBA	
Facility Address			
Website		Email	
<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Managed <input type="checkbox"/> Contract Enclosed			
Manager's Name		How long has manager been employed at this facility?	
Qualifications/Experience of Manager:			
Number of ice surfaces	Do you have glass? <input type="checkbox"/> Yes <input type="checkbox"/> No (indicate height on diagram)	Height of boards	Do you use netting? <input type="checkbox"/> Yes <input type="checkbox"/> No (indicate on diagram)

Please complete the attached diagram

Number of staff (total): Full Time _____ Part Time _____	
Days of the week your operation is open: <input type="checkbox"/> Every Day <input type="checkbox"/> Other: _____	Months of the year your operation is open: <input type="checkbox"/> All Year <input type="checkbox"/> Other: _____
Hours of operation (peak): Weekdays: _____ to _____ Weekends: _____ to _____	
Is responsibility code posted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Open Public Skate: Average number of employees on duty: _____ Average number of employees to participant ratio: _____	
Are all skate guards experienced skaters? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is public skating admission ticket used? (submit sample) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are lights ever dimmed during open public skating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, are lights left on over spectator seating area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require contracts for independent contractors? (submit sample) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the following independent contractors:	
Figure skating instructors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referees	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coaches	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learn to skate instructors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you obtain certificates of Insurance from Independent Contractors <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, in what capacity? _____	

Is your facility used for figure skating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do freestyle participants sign waivers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your facility used for hockey?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are Teams members of: <input type="checkbox"/> USA Hockey <input type="checkbox"/> ISI <input type="checkbox"/> Other: _____		
Do you have drop-in stick time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do stick time participants sign waivers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What events does the rink sponsor?		
<input type="checkbox"/> Professional skaters <input type="checkbox"/> Ice shows <input type="checkbox"/> Concerts/shows/events <input type="checkbox"/> Hockey/skating teams		
<input type="checkbox"/> Other: _____		
Does your rink run its own camps/clinics or tournaments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do professional hockey teams/ junior teams/ professional skaters sign rental agreements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you obtain a certificate of insurance naming facility as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any activities off premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any transportation provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any housing provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you do lock-ins?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who supervises? _____		
Are Contracts/Ice rental agreements used? (submit sample)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is hold harmless / indemnification language included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are minimum limits of \$1,000,000 general liability required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are waivers used? (submit sample)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schedule of events? Please submit a copy of a typical monthly calendar.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a written training manual or training program in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have Emergency Evacuation Plans for the facility? (submit sample)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they in written form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they posted for employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all employees fully trained to implement these plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require all applicants to complete an application for employment in full including signatures and application date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you conduct personal and professional reference checks on all applicants considered for positions prior to job offer and document reference check findings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you conduct background checks (arrest and convictions records education, etc.):		
Based on state working in or residing in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For each new employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Every three years on existing employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**II. Rink Use Information: Ice Rink Revenue Source Sheet**

	Income (List Revenue \$)	Insured		Waivered	
<b>A. GENERAL ADMISSIONS</b>					
Open Public Skate	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Birthday Parties	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Broomball	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B. HOCKEY PROGRAMS</b>					
Learn to Play Hockey	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
House League	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth Travel League	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult Hockey	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H.S./College/Junior/Professional	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Camps/Clinics	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drop-In/ Stick Time	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>C. FIGURE SKATING PROGRAMS</b>					
Figure Skating – Club/Events	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Figure Skating – Freestyle	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Learn to Skate	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Camps/Clinics	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Competitions	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D. MISCELLANEOUS CONTRACT ICE</b>					
Schools/ Summer Camps/Corp. Outings	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insured Groups	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uninsured Groups	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>E. OTHER</b>					
Fitness Center	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In-Line/Soccer/Lacrosse	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pro Shop	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skate Rentals	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skate Sharpening	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Space Rental	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restaurant/Concessions	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquor	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arcades/Vending	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>F. TOTAL</b>					
Total		\$	0.00		

Insured Signature \_\_\_\_\_

Date \_\_\_\_\_

### III. Building And Operations Information

Building: Was facility originally built as a Skating Rink?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last Updated: Heating: _____ Plumbing: _____ Electrical: _____ Roof: _____			
Floor:			
Are rubber mats utilized?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Ice surface ever covered or removed for other activities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____			
Floor surface under Ice:		<input type="checkbox"/> Sand	<input type="checkbox"/> Concrete
Is Ice surface inspected prior to any usage for imperfections/damage?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seating:			
Does your rink provide spectator seating?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the seating <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary/Portable			
What is the seating capacity per ice surface? _____			
Total facility capacity? _____			
What is the type/construction? _____ Age: _____			
Is spectator seating to code?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parking:			
Do you have parking facilities available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: Who is responsible for repairs/maintenance? _____			
Is the parking lot inspected regularly? _____			
Who is responsible for Snow/Ice removal? _____			
Is a log kept for snow removal, sanding/salting?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Medical:			
Do you provide a first aid station?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who staffs the station? _____			
When _____			
Do you have a first aid kit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an Emergency Medical Procedure in place?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it in written form?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it posted for employees?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an automated external defibrillator (AED)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the response time(s) for:			
Fire Station: _____ Distance from Rink? _____			
Police: _____ Distance from Rink? _____			
Hospital: _____ Distance form Rink? _____			
Security:			
Who handles disturbances/fights/ejections/crowd control? _____			
Please describe procedures: _____			
Is a private security company used?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is there a signed contract in place?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you obtain a Certificate of Insurance naming the facility as additional insured?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are off-duty police officers used?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is there a signed contract in place?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you obtain a Certificate of Insurance naming the facility as additional insured?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Food Services:

Concessions: ☐ Owned ☐ Non-owned If non-owned, please list operating company: \_\_\_\_\_

Restaurants: ☐ Owned ☐ Non-owned If non-owned, please list operating company: \_\_\_\_\_

Bar/Lounge: ☐ Owned ☐ Non-owned If non-owned, please list operating company: \_\_\_\_\_

Is certificate of insurance naming facility as Additional Insured obtained? ☐ Yes ☐ No

Are alcoholic beverages sold/served at your rink? ☐ Yes ☐ No

If yes, is Liquor Liability in place? ☐ Yes ☐ No

Are all grills and deep fryers equipped with

- hoods? ☐ Yes ☐ No
- automatic fire suppression systems and fuel shutoff controls? ☐ Yes ☐ No
- UL300 compliant? ☐ Yes ☐ No
- Are all hoods and filters cleaned regularly by employees? ☐ Yes ☐ No
- Do you have a cleaning contract in place? ☐ Yes ☐ No

Other Services:

Do you have skate rentals? ☐ Yes ☐ No

If yes, who operates the rental operations? ☐ Facility ☐ Subcontractor

If subcontracted, do you obtain a certificate of insurance, and is the facility named as Additional Insured? ☐ Yes ☐ No

Are rental skates inspected and sanitized after each rental? ☐ Yes ☐ No

If you operate the rental operation, do you repair? ☐ Yes ☐ No

What training do your repair personnel receive? \_\_\_\_\_

Do you sharpen skates? ☐ Yes ☐ No

How often are skates sharpened? \_\_\_\_\_

How documented? \_\_\_\_\_

Do you have a pro shop ☐ Yes ☐ No

If yes, who operates the rental operations? ☐ Facility ☐ Subcontractor

If subcontracted,

Do you obtain a certificate of insurance, and is the facility named as Additional Insured? ☐ Yes ☐ No

Name of Subcontractor \_\_\_\_\_

What is sold? \_\_\_\_\_

Maintenance:

Ice Resurfacer: How many \_\_\_\_\_

Type: Unit 1 \_\_\_\_\_ Unit 2 \_\_\_\_\_ Unit 3 \_\_\_\_\_

Age: Unit 1 \_\_\_\_\_ Unit 2 \_\_\_\_\_ Unit 3 \_\_\_\_\_

Type of fuel: Unit 1 \_\_\_\_\_ Unit 2 \_\_\_\_\_ Unit 3 \_\_\_\_\_

Replacement cost: Unit 1 \_\_\_\_\_ Unit 2 \_\_\_\_\_ Unit 3 \_\_\_\_\_

Regular maintenance? ☐ Yes ☐ No

Log Kept? ☐ Yes ☐ No

Does ice resurfacer ever go off-premises? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_

Do you have a melting pit? ☐ Floor ☐ Wall

If floor, is it grated at all times? ☐ Yes ☐ No

General Facility Maintenance: (Hallways, Restrooms, etc.):	
Is a subcontractor used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is a certificate of insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please Attach Roof Snow Removal Procedures.	
Does the facility have an adequate ventilation system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you test air quality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System <input type="checkbox"/> Hot Air <input type="checkbox"/> Steam <input type="checkbox"/> Hot Water <input type="checkbox"/> Other _____	
Overall condition of equipment: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Number of compressors? _____	
Total size of system in horsepower or tons: _____	
Single largest compressor in horsepower: _____	
Is it the original system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age of compressors? _____	
Last updated? _____	
Name of manufacturer: _____	
Name of installer: _____	
<input type="checkbox"/> Direct System	<input type="checkbox"/> Indirect System
<input type="checkbox"/> Refrigerant:	<input type="checkbox"/> Ammonia <input type="checkbox"/> Freon <input type="checkbox"/> R22
<input type="checkbox"/> Coolant:	<input type="checkbox"/> Brine <input type="checkbox"/> Glycol <input type="checkbox"/> Other
Ice piping:	<input type="checkbox"/> Buried in sand <input type="checkbox"/> Encased in concrete    Year installed: _____
Type of piping:	<input type="checkbox"/> Metal <input type="checkbox"/> Flexible (PVC)
Does the location have temperature, humidity and/or ammonia alarms that are properly installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the alarms ring to a central station that is manned 24/7 or are watchmen/dial in system utilized during off hours? [This allows for rapid response in case of system failures.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are eddy current tests performed on evaporator and condenser heat exchangers every three years? [Testing can predict tube failures due to thinning of metal before they occur.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is refrigeration equipment under service contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, with whom? _____	
Do you have a refrigeration/maintenance log?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often inspected? _____	
Do you test coolant PH levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how often? _____	
Do you take your ice out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so how often? _____	
How many compressors are needed to maintain proper ice conditions during the summer months? _____	
How often are the refrigeration compressors disassembled for inspection/overhaul? _____	
Are headers accessible for servicing and inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of training is provided for refrigeration system operators? _____	
In the event of a breakdown, do you have a written emergency contingency plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**IV. Financial Information (please submit one of the following)**

Income statement from prior tax return.

OR

Most recent year-end balance sheet and income statement and most recent interim balance sheet and income statement.

**V. Summary of Requested Items**

Complete/Signed ACORD applications

Complete/Signed Skating Facility Renewal Supplemental

Copy of contract(s) with or between:

Facility users and yourself

Updated loss runs from previous carriers.

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date