



ICE ARENA - SUPPLEMENTAL INSURANCE APPLICATION

GENERAL APPLICANT INFORMATION

Name of Insured:		Website:	
Rink Name and Address:		City:	State: Zip:
Contact Person:			
Contact Information:	Phone #:	Fax #:	
	E-Mail:		

REVENUE BREAKDOWN

Estimated TOTAL Gross Receipts:		
Breakdown of Receipts:		
Itemized Receipts:	Lesson Receipts:	Receipts for Skating Only:
Rentals:	Figure Skating Lessons:	League Skating:
Concessions/Food (non-alcohol):	Group Lessons:	Open Skating:
Liquor Receipts:	Hockey Lessons:	Skate Sharpening/Repair:
Merchandise:	Senior League Hockey:	Other:
Competitions:	Other:	
Ice Shows/Events:		
Parties:		
Parking:		
Other:		
Percentage for Skating:	League Skating _____ %	Open Skating _____ %

UNDERWRITING INFORMATION

Rink Size:		
Length:	Width:	Total Square Feet:
Length:	Width:	Total Square Feet:
Does the applicant maintain an Accident and Health Policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, for which of the following:	<input type="checkbox"/> Leagues <input type="checkbox"/> Minor Leagues <input type="checkbox"/> Non-League <input type="checkbox"/> Groups	
If yes, limit per accident:	\$	
Does the applicant require an ice rental agreement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by who:	<input type="checkbox"/> Instructors <input type="checkbox"/> Leagues <input type="checkbox"/> Groups	
By state law, what is the maximum capacity of the ice rink at one time:		
By state law, what is the ratio of skaters to floor guards:		to
Are floor guards required to wear distinctive clothing that visibly represents their authority?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are instructors employees of the rink?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do they furnish certificates of insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have skate rentals?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who operates the rental operation?		<input type="checkbox"/> Applicant <input type="checkbox"/> Sub-Contractor
If contractor, do you have a certificate on file as proof of insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Check all that apply:	<input type="checkbox"/> Shows <input type="checkbox"/> Contests <input type="checkbox"/> Teams <input type="checkbox"/> Speed Skating <input type="checkbox"/> Skating <input type="checkbox"/> Other:	
Does the applicant sponsor any hockey team?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		
Are they members of:	<input type="checkbox"/> USA Hockey <input type="checkbox"/> Other:	
Do figure skaters utilize your rink/arena?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are they members of:		<input type="checkbox"/> USFA <input type="checkbox"/> ISI <input type="checkbox"/> PSA <input type="checkbox"/> Other:
Are rubber mats used in non-skate areas?		<input type="checkbox"/> Yes <input type="checkbox"/> No



EVEREST.



SPECIALTY INSURANCE GROUP™

How often are they turned:		
Does the applicant have barrier(s) separating skaters from spectators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, height:		
Are there dash boards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Netting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, to the ceiling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often is the netting maintained:		
Hockey goal nets:	<input type="checkbox"/> Breakaway/Rest on Surface	<input type="checkbox"/> Anchored/Bolted to Surface
Is the ice surface ever covered or removed for other activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Type of ice resurfacing equipment:		Age:
Fuel Source:	<input type="checkbox"/> Propane <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other:	
Does the applicant have a written log of service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have a proper draining room for the ice re-surfacing equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have a written procedure in place to re-surface the ice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How is ice thickness determined?		
What kind of ventilation system does the rink have?		
What kind of refrigeration system does the rink use?		
Who is responsible for maintenance of refrigeration?		
How often does the applicant test air samples?		



THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.

STATE SPECIFIC FRAUD WARNINGS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation 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 subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

APPLICABLE IN 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.

APPLICABLE in THE DISTRICT OF COLUMBIA

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN 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.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

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.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN 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.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.