

GENERAL INFORMATION

Today's Date: _____ Agency Name: _____
Named Insured: _____ Producer Name: _____
Event Dates: _____ Producer Phone: _____
Producer Email: _____

UNDERWRITING INFORMATION

Location of Rink: _____
Estimated Receipts: _____ Estimated # of Total Skaters: _____
Do you offer skating lessons? Yes No – If Yes, please explain:

Hours and Days of Operation: _____
Is rink open year round? Yes No Rink size: _____ Max Capacity of rink: _____
Surface Composition: Ice Artificial Ice Concrete Wood Other
Is there a barrier that separates all skating areas from spectators and other activities? Yes No
Ice Refinishing – who runs the machine (Zamboni)? _____
How often? _____
Is there regular maintenance of ice surfacing equipment? Yes No
If Yes, by whom? _____
Are rink monitors on the ice at all times that the public is to maintain order, reduce speed, etc.? Yes No
Are Ice Hockey or other sports permitted? Yes No
Is skate rental available? Yes No
Is training provided by manufacturer to rink staff on how to correctly size skates? Yes No
Is training provided by manufacturer to rink staff on how to correctly maintain them
(e.g. cleanliness, identify repair needs)? Yes No
Do you require participants (or parents of minors) to sign an injury waiver? **Please attach.** Yes No
Are warning signs posted? (Skate At Your Own Risk, skate safety and control, etc.) Yes No
Is any of your staff certified in: CPR FIRST AID Are first aid kits available? Yes No
Do you have a written crisis/disaster management plan? **Please attach.** Yes No
Is indemnity contract from skating manufacturer received? Yes No
Do you have any sponsoring or sanctioning organizational affiliations or associations? Yes No
If Yes, please describe: _____