

LIABILITY & ACCIDENT MEDICAL COVERAGE

NAME OF SKATE PARK _____

CONTACT INFORMATION

CONTACT NAME _____ EMAIL ADDRESS _____

DAYTIME PHONE _____ FAX _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE YOU WOULD LIKE YOUR INSURANCE TO START MO / DAY / YR

TYPE OF ENTITY OF YOUR COMPANY *(Please check one)*

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE NON-PROFIT CHURCH OTHER _____

SKATE PARK LOCATION

YEAR SKATE PARK WAS STARTED _____ ESTIMATED DATE OF COMPLETION *(IF YOUR SKATE PARK IS NOT YET OPEN)* _____

LOCATION ADDRESS *(IF DIFFERENT FROM ABOVE)* _____

CITY _____ STATE _____ ZIP _____

PREMISES IS: *(PLEASE CHECK ONE)* OWNED RENTED

PRIOR INSURANCE INFORMATION

IF NO PREVIOUS INSURANCE, PLEASE WRITE N/A AND SKIP SECTION

POLICY YEAR _____ CARRIER _____ POLICY NUMBER _____

DOES IT INCLUDE PARTICIPANT LIABILITY *(ACCIDENT LIABILITY)?* YES NO

DO YOU CURRENTLY HAVE GENERAL LIABILITY INSURANCE IN FORCE?
IF NOT, why? YES NO

HAS YOUR PRIOR INSURANCE EVER BEEN CANCELLED? YES NO

HAS ANY PRIOR INSURANCE COMPANY EVER REFUSED TO RENEW? YES NO

HAVE YOU EVER HAD A LOSS OR A CLAIM?
IF YES, please describe YES NO

ADDITIONAL INSURED / CERTIFICATE REQUEST

ANYONE ASKING FOR PROOF OF INSURANCE, SUCH AS A LANDLORD OR A VENDOR

1 NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

2 NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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LOCATION INFORMATION

WHAT IS THE SQUARE FOOTAGE OF YOUR PARK? (EXCLUDING ANY PRO-SHOP) _____

WHAT IS THE SQUARE FOOTAGE OF YOUR PRO-SHOP? (ONLY IF YOU WISH TO HAVE LIABILITY FOR YOUR PRO-SHOP) _____

WHAT IS THE DAILY AVERAGE ATTENDANCE? DURING THE WEEK _____ DURING WEEKENDS _____

WHAT TYPES OF SPORTS ARE ALLOWED? (Please check all that apply)

IN-LINE SKATING HOCKEY SKATEBOARDING BMX CYCLING SCOOTERS OTHER _____

PLEASE DESCRIBE THE NATURE OF THE SKATE PARK (I.E. MOBILE PARK, PRIVATE PARK, UNSUPERVISED PARK, FREE-ADMISSION PARK)

WHAT ARE THE ESTIMATED GROSS ANNUAL REVENUES?

FROM	ADMISSIONS	\$ <input type="text"/>	SKATE PARK ADMISSION
	SALES	\$ <input type="text"/>	CONCESSIONS, PRO-SHOP (only if you wish to have liability for pro-shop)
	RENTALS	\$ <input type="text"/>	

IS THE FACILITY INDOORS OR OUTDOORS

INDOORS OUTDOORS
 YES NO

IF OUTDOORS, IS IT FENCED?

CAN THE FACILITY BE LOCKED AFTER HOURS OF OPERATION?

YES NO

ARE RULES POSTED?

YES NO

IS THE PARK SUPERVISED DURING HOURS OF OPERATION?

YES NO

DO YOU HOST SKATING COMPETITIONS?

YES NO

IF YES, HOW OFTEN? _____

ARE HELMETS REQUIRED TO BE WORN AT ALL TIMES BY ALL RIDERS WHILE RIDING?

YES NO

IF THERE ARE MULTIPLE TYPES OF SPORTS, WILL YOU ALLOW ALL OF THESE TYPES (SUCH AS BMX BIKES AND SKATEBOARDS) TO SHARE RAMPS AT THE SAME TIME?

YES NO

HOW OFTEN IS THE FACILITY INSPECTED?

BY WHOM? _____

WHAT SAFETY PRECAUTIONS ARE IN EFFECT? PLEASE BE SPECIFIC (I.E. WAIVERS, HELMETS)

PLEASE GIVE THE BACKGROUND OF THE OWNER(S) OF THE PARK AND THE PROS WHO TEACH OR MONITOR THE PARK

ARE YOU PART OF SPAUSA OR NASSA?

YES NO

THE FOLLOWING MUST BE READ AND SIGNED OR INITIALED BEFORE A QUOTE CAN BE OFFERED

 (INITIAL) I HEREBY ACKNOWLEDGE THAT ALL PARTICIPANTS WILL BE REQUIRED TO SIGN A WAIVER BEFORE PARTICIPATING IN ANY SPORT ACTIVITY.

 (INITIAL) EVERY SKATE PARK MUST HAVE AN ACCIDENT LIABILITY POLICY. A QUOTE WILL BE INCLUDED FOR \$10,000 PER ACCIDENT WITH A \$250 DEDUCTIBLE. IF YOU WOULD LIKE A HIGHER DEDUCTIBLE QUOTED, PLEASE INDICATE BELOW.

 (INITIAL) I UNDERSTAND THAT I CANNOT PURCHASE INSURANCE COVERAGE IF MY SKATE PARK IS UNDER CONSTRUCTION. I CAN ONLY MOVE FORWARD ONCE CONSTRUCTION IS

REQUESTED HIGHER DEDUCTIBLE \$

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PROVIDES FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COVERAGE IS NOT APPLICABLE UNTIL ACCEPTED BY ATHOS INSURANCE SERVICES, LLC

SIGNATURE OF APPLICANT _____

DATE MO / DAY / YR _____

NAME OF SKATE PARK / PRO-SHOP _____

CONTACT INFORMATION

CONTACT NAME _____

PHONE NUMBER _____ EMAIL _____

LOCATION ADDRESS _____

CITY _____ STATE _____ ZIP _____

YEAR BUILDING WAS BUILT _____ YEAR BUILDING WAS RENOVATED (IF APPLICABLE)? _____

IF BUILDING WAS BUILT BEFORE 1980, WHAT YEAR WAS THE FOLLOWING UPDATED?

ELECTRICAL (I.E. CIRCUIT BREAKERS) _____ ROOFING _____

HEATING (I.E. AIR SYSTEM) _____ PLUMBING (I.E. PIPES) _____

YOU OCCUPY THE BUILDING AS THE (Please check one)

TENANT

LANDLORD

DO YOU HAVE A SMOKE ALARM?

YES NO

IF YES, IS THE SYSTEM MONITORED BY AN OUTSIDE PARTY?

YES NO

DO YOU HAVE A BURGLAR ALARM?

YES NO

IF YES, IS THE SYSTEM MONITORED BY AN OUTSIDE PARTY?

YES NO

DO YOU HAVE A SPRINKLER SYSTEM INSTALLED AND PROPERLY WORKING?

YES NO

HOW MANY STORIES IS YOUR ENTIRE BUILDING? _____ THE SPACE YOU OCCUPY? _____

WHAT IS THE SQUARE FOOTAGE OF YOUR PRO-SHOP? _____ OF YOUR RAMP/PARK AREAS? _____

WHAT IS THE CONSTRUCTION OF YOUR BUILDING? (i.e. wood frame, concrete, metal) _____

WHAT IS THE REPLACEMENT COST FOR YOUR BUSINESS PROPERTY?

(How much would you need to replace the following in the worst case scenario, such as a fire)

INVENTORY (AT ANY ONE TIME) \$ _____ RAMPS / PARK \$ _____

FURNITURE & FIXTURES \$ _____ COMPUTERS \$ _____

TENANT IMPROVEMENTS \$ _____ (Your added property in your business space)

BUILDING COVERAGE \$ _____ (This is if you own the building)

WOULD YOU LIKE TO PURCHASE BUSINESS INCOME COVERAGE/EXTRA EXPENSE? (Max amount available is \$50,000) YES NO

IF YES, Please list the total amount \$ _____

IF YOU SELECTED BUSINESS INCOME OPTION (ABOVE), DO YOU HAVE A BUSINESS INCOME CONTINGENCY PLAN IN PLACE? (this is the plan of what you would do to quickly become operable if your location was unusable due to a covered claim) YES NO

OUR POLICY HAS AN OPTIONAL \$5,000 COVERAGE FOR PLATE GLASS. WOULD YOU LIKE TO ADD THIS? YES NO

IS ANY SINGLE ITEM WORTH OVER \$5,000 A PIECE IN THE AMOUNT LISTED ABOVE? YES NO

CURRENTLY THERE IS EXCLUSION FOR THEFT OF EQUIPMENT FROM AN UNLOCKED VEHICLE. WOULD YOU LIKE TO ADD THIS BACK FOR 10% MORE OF THE PREMIUM? YES NO

SIGNATURE OF APPLICANT _____

DATE MO / DAY / YR _____