

Agency Name:  
Address:  
Contact Name:  
Phone:  
Fax:  
Email:

## Skateboard/In-Line Skating Parks Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)  
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

Web Address \_\_\_\_\_

Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### PHYSICAL DESCRIPTION OF PREMISES

1. Park Name (if different than Business Name) _____
2. Experience of management and staff: _____
3. What year was park built / erected? _____
4. Indicate where facility is located. .... <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
5. Was park designed and built according to safety standards? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Any modification to the park/runs since it was built? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what? _____
7. Describe park (including terrain, fencing, obstacles etc.). _____ _____
8. Number of runs? _____
9. Do the runs accommodate different degrees of difficulty for beginners, intermediate and advanced skaters? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are the runs clearly marked with signs or by colored borders to indicate level of difficulty? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the park display and enforce a set of safety and conduct rules? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does the park have a well-qualified, experienced skate patrol? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are regular inspections made of the grounds and runs? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____
14. Is night skating allowed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is sufficient lighting provided? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are runs surrounded by? ..... <input type="checkbox"/> walkway <input type="checkbox"/> netting <input type="checkbox"/> fencing <input type="checkbox"/> Other (describe) _____
17. If spectators allowed in the skating area, are they protected from flying objects? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

**PHYSICAL DESCRIPTION OF PREMISES (Continued)**

18. Are skaters protected from interference and distraction from spectators? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are modified skateboards allowed? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Does the park sponsor competitions, especially those with acrobatic events? ..... (Must utilize waiver with hold harmless. <b>Attach</b> a copy for our file.) Provide complete details and dates. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are boards required to have drag chutes and braking systems? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Does the park require and enforce wearing of full protective gear by all participants/skaters? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Number of staff members, per shift? _____	
24. Do staff members wear special clothing for easy identification and carry a first aid kit at each of the runs? ...	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are all staff members required to be First Aid Certified? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are staff members trained on procedures on how to handle disturbances, expel unruly patrons from the park or to revoke their skating privileges without undue force? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Any rental of equipment? ..... If yes, what are the rental receipts? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Are skateboards and gear thoroughly inspected before and after rental? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. If any repairs are done on premises, are the people qualified and experienced? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Is there a pro shop? ..... a. Who operates it? ..... <input type="checkbox"/> Applicant <input type="checkbox"/> Others b. If by applicant, what are sales for this operation \$ _____ c. If by others, does the applicant obtain a COI and AI agreement? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is there a snack or refreshment shop? ..... a. Operated by: ..... <input type="checkbox"/> Applicant <input type="checkbox"/> Others b. If by applicant, what are sales for this operation \$ _____ c. If by others, does the applicant obtain a COI and AI agreement? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
32. What are the total sales receipts for the park? \$ _____	
33. Any other exposures on premises? ..... If yes, explain in detail. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

## FRAUD STATEMENT – FOR THE STATE(S) OF:

### **Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

### **Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

### **Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

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.

### **Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

### **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.

### **Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

### **Kentucky**

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person 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.

**Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

**Massachusetts, Nebraska, Vermont:**

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.

**Minnesota**

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

**New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

**New Jersey**

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico**

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 civil fines and criminal penalties.

**New York**

Any person who knowingly and with intent to defraud any insurance company or other 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio**

Any person who, with intent to defraud or knowing that he 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.

**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.

**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date