

# JBL Trinity Group, Ltd.

100 Matawan Road, Matawan, NJ 07747  
Phone: 1-800-925-RINK (7465) Fax: 1-732-888-4646

# JBL Trinity West, Ltd.

P.O. Box 7284, Edmond, OK 73083-7284  
Phone: 1-888-302-6330 Fax: 1-405-216-8228

## GENERAL LIABILITY APPLICATION FOR SKATING FACILITIES

**Please complete a separate application for each rink**

1. Proposed effective date: \_\_\_\_\_ Applicant is a:  Individual  Partnership  Corporation

2. Legal Name of Rink: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Address of Rink: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Rink Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Office Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Mobile/Cell Number: \_\_\_\_\_

Are there any other corporations and subsidiary companies to be insured under this policy?  Yes  No

If so, name and detail interest(s): \_\_\_\_\_

Is the rink operated by the Applicant?  Yes  No

3. Name of Rink Owner / Operator: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

4. Name of Bldg. Owner: \_\_\_\_\_

Address of Bldg. Owner: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

5. Do you own the building:  Yes  No Are you the only tenant:  Yes  No

6. Are you responsible for maintenance and repair of: Parking Lot / Sidewalk:  Yes  No

Building:  Yes  No Heating, Plumbing or Electrical Systems:  Yes  No

7. Are you responsible for snow removal from: Parking Lot / Sidewalk:  Yes  No Roof:  Yes  No

8. Do you hire contractors to perform work, either building or interior:  Yes  No

Do you obtain certificates of insurance from contractors:  Yes  No

9. Years in Business at this location: \_\_\_\_\_ Years Experience: \_\_\_\_\_ # Stories \_\_\_\_\_

Building Construction: \_\_\_\_\_ Roof Construction: \_\_\_\_\_ Bldg Age: \_\_\_\_\_

10. Do you currently have liability insurance:  Yes  No

Carrier Limits Deductible Premium

Insurance ever Canceled or Refused:  Yes  No Please attach copy of current policy

11. Hours of operation: \_\_\_\_\_  
 Total hours: Daily \_\_\_\_\_ Weekly \_\_\_\_\_  Seasonal  Year Round
12. Floor material: \_\_\_\_\_ Overall condition: \_\_\_\_\_ Age: \_\_\_\_\_
13. Is there regularly scheduled maintenance of the floor:  Yes  No  
 If work is performed by outside contractor, do you obtain a Certificate of Insurance:  Yes  No
14. Is the Rink utilized / rented out for non-skating activities:  Yes  No  
 Utilized  Rented Out  If so, list the events: \_\_\_\_\_  
 Is there a written contract between the rink and the party utilizing/renting out facility?  Yes  No  
 Do you obtain Certificates of Insurance from the party utilizing/renting out the facility?  Yes  No
15. Are safety rules and rules of conduct posted in conspicuous places:  Yes  No Attach List of ALL signs.
16. What Job training do the employees receive: \_\_\_\_\_  
 \_\_\_\_\_
17. Briefly describe how injuries and medical emergencies are handled at your facility and by whom? \_\_\_\_\_  
 \_\_\_\_\_  
 Are there written injury and medical emergency procedures in place:  Yes  No
18. Briefly describe regularly scheduled skating floor maintenance and who performs the work? \_\_\_\_\_  
 \_\_\_\_\_
19. Please list the days of the week and the times of day the **owner / operator** is on premises to manage the facility: \_\_\_\_\_  
 \_\_\_\_\_
20. Who is responsible for loss control on the premises?  
 Name: \_\_\_\_\_ Phone Number ( \_\_\_ ) \_\_\_\_\_  
 Insured  Rink Owner/Operator  Landlord  Manager  Employee
21. Are instructors on premises; during sessions?  Yes  No outside of sessions?  Yes  No  
 Are instructors employees of the applicant:  Yes  No  
 Do instructors obtain releases & waivers from students and / or parents:  Yes  No
22. Do you have printed job descriptions or an employee manual:  Yes  No  Verbal
23. Do you have a written crowd control / security plan:  Yes  No  Verbal
24. Do you have a written life safety evacuation plan:  Yes  No  Verbal
25. Number of Exits: \_\_\_\_\_ Are exits well marked:  Yes  No
26. Is there a fire suppression system:  Yes  No A fire detection system:  Yes  No
27. Maximum number of Skaters per Floor Guard during sessions: \_\_\_\_\_ Rink Floor Capacity \_\_\_\_\_

28. Do you conduct regular maintenance, inspection and replacement of rental skates:  Yes  No  
 Do you keep a skate maintenance log?  Yes  No Do you number your skates?  Yes  No
29. Is there security outside of premises:  Yes  No Employees:  Yes  No Armed:  Yes  No  
 Certificates of Insurance obtained from Security Service:  Yes  No Off- Duty Police:  Yes  No
30. Is there a risk assumption act within your state:  Yes  No  
 Do you adhere to its safety standards and posting requirements:  Yes  No
31. Explain briefly the overall maintenance and housekeeping of premises: \_\_\_\_\_  
 \_\_\_\_\_

32. Have you attended an Insurance Program Risk Management Seminar:  Yes  No  
 Have you implemented the use of any of the Risk Management procedures or forms:  Yes  No
33. Do you own and refer to a Floor Staff Training Program Manual:  Yes  No
34. How long do you maintain your "paper trail" for incidents, accidents and supporting documentation, i.e.  
 daily, session, monthly, skate logs, etc.:  1 Year  2 Years  3 Years  \_\_\_\_ Years  Not at all
35. Are there any concessions or arcade devices not owned or operated by you:  Yes  No  
 If so, please list and describe: \_\_\_\_\_ Do you obtain Certificates of Insurance:  Yes  No

36. Please give details: Gross annual receipts: \$ \_\_\_\_\_ Average number weekly patrons: \_\_\_\_\_

Annual Gross Receipts Breakdown:

Gen. Admissions:	\$	Skate Park:	\$
Skate Rental:	\$	Laser Tag:	\$
Lessons:	\$	Bingo:	\$
Food / Snack Bar Concession:	\$	<input type="checkbox"/> Inflatable <input type="checkbox"/> Soft Play:	\$
Arcade:	\$	Alcohol:	\$
Pro Shop / Stuff Shop	\$	<b>Amusements**</b>	\$
Birthday / Private Parties:	\$	<b>*Hockey Admissions:</b>	\$
Dances:	\$	<b>*Figure / Speed:</b>	\$
After School Program / Day Care:	\$	<b>*Teams / Leagues:</b>	\$
Kinderskate:	\$	<b>*Competitive Events:</b>	\$
<input type="checkbox"/> Strollerskate <input type="checkbox"/> Scooterskate:	\$	Other: _____	\$

**\* YOU MUST ATTACH SANCTION CARD, CERTIFICATE OF INSURANCE, SAMPLE RELEASE AND WAIVER**

**\*\* PLEASE LIST AMUSEMENTS:** \_\_\_\_\_  
 \_\_\_\_\_

37. Do you have a video tape monitoring system installed in the rink?  Yes  No

Which areas are RECORDED?  Skate Floor  Snack Bar  Parking Lot  Off-Area  Arcade

How many cameras? \_\_\_\_\_ How long are tapes kept in storage? \_\_\_\_\_ Years \_\_\_\_\_ Months

38. Off premises activities are not covered without prior approval from the insurer. Please list any off premises activities, events, exhibitions, or demonstrations conducted by your facility, and how often, for approval. \_\_\_\_\_  
\_\_\_\_\_

39. Can you recommend any local attorneys that are familiar with roller rink defense cases:

Name, Address & Phone: \_\_\_\_\_

40. Please attach a copy of your loss history from all of your previous carriers or list below all previous and pending claims for the Past Three (3) Years. Be sure to include whether or not you had insurance, the date of the incident, the date of the settlement, the name of the insurance carrier, a brief description of the incident and injury, and the settlement amount.

If you have had "NO CLAIMS," a loss history / no loss letter must be provided, indicating so.

<u>CLAIMANT</u>	<u>D/O/L</u>	<u>INS. CO.</u>	<u>INJURY</u>	<u>BRIEF DESCRIP</u>	<u>AMOUNT</u>

*\*\*\*Applicant's signature below hereby acknowledges and accepts that the total cost of the insurance for this policy may include certain costs above and beyond the premium-related charges, and are renewable yearly. Applicant further acknowledges that this is an auditable policy, subject to verification of gross receipts.*

\*\*\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

*\*\*\*Any Person who knowingly and with the intent to defraud any insurance company or other persons, or 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, subject to criminal prosecution and civil penalties.*

\*\*\*The submission of this insurance application does not create insurance coverage. The insurance coverage begins only if the insurance company issues an insurance policy.