



SKATE & BMX PARK APPLICATION

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

NOTE: IF YOU ARE DOMICILED IN NEW YORK OR MISSOURI OR CONDUCT ANY OPERATIONS, TOURS OR TRIPS IN THE STATE OF MISSOURI YOU DO NOT QUALIFY FOR THE RB JONES PROGRAM

Named Insured as it is to appear on the policy:													
DBA:													
FEIN/SS:	Corporation	<input type="checkbox"/>	LLC	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLP	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Mailing Address:													
Inspection Contact Name:									Phone Number:				
Website Address:									E-Mail Address:				
Business Location Address #1:													
Business Location Address #2:													
Description of Operations:													
Do you conduct any Operations, Businesses or Activities not to be covered under this application of insurance?										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "yes", please describe:													
Effective Date:				Expiration Date:				Operating Season:					
Length of time In Business:				Total Management Experience in this type of Operation:									
*** If a new Venture or Operation, please attach a Resume or a Summary or Qualifications ***													
Limits of Liability Required:	Per Occurrence:				Aggregate:								
Deductible per Claim:	\$500	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$5,000	<input type="checkbox"/>					

Additional Insured (As they are to appear on the Policy):		Check Here if None: <input type="checkbox"/>	
Name	Address	Relationship to you	
Has Your Insurance Ever Been Cancelled or Non-Renewed?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes - Please explain:			

SUBMISSION REQUIREMENTS	
<input type="checkbox"/>	Diagram of Park Elements
<input type="checkbox"/>	Safety Guidelines and/or Safety Program Manual Provided to Your Staff Members
<input type="checkbox"/>	Three Years Currently Valued Loss Runs from the Prior Carriers is required to bind

PRODUCING AGENT INFORMATION		
Name of Agent	Address	Telephone Number

PRIOR CARRIER INFORMATION			
NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

REVENUE BREAKDOWN FOR ALL ACTIVITIES

TOTAL GROSS REVENUES FOR ALL ACTIVITIES: \$ _____

***NEW VENTURES MUST PROVIDE THEIR ANTICIPATED / PROJECTED GROSS REVENUES "TBD" OR BLANK IS NOT ACCEPTED.

SKATE AND BMX PARK	GROSS REVENUES	No Exposure
ADMISSIONS (Skate Park Revenues)		
SALES (Concessions, Pro-Shop, Etc.)		
RENTALS		
PRO-SHOP		
REPAIRS		
OTHER		
OTHER		
OTHER		

GENERAL OPERATIONS INFORMATION

1. Are all guests, clients, students required to Sign a Release of Liability Prior to commencing any activities? Yes No

2. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? Yes No

3. Do you hire sub-contractors, Independent Contractors or concessionaires? Yes No
 If "yes" – Please describe: _____

- If "yes"– Do you obtain Proof of Insurance with AI status from them? Yes No

4. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? Yes No

5. Do you inspect each piece of equipment daily and make repairs immediately? Yes No

6. Do you keep a log of all inspections and repairs including the date and type of repair? Yes No

7. Do you maintain and retire the equipment per manufacturer's recommendations? Yes No

8. Do you provide any instruction or classes? Yes No
 If "yes" Please describe: _____

9. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety? Yes No

1. Do you operate from Owned or Leased Premises?

If leased – please describe the arrangement and attach a copy of the insurance section of the lease agreement.

2. What types of sports are allowed? In-Line Skating Hockey Skateboarding BMX Cycling Other _____

3. Year this Operation began: _____ Year Skate Park was Built: _____

4. Who designed the skate park? _____

Did they provide a Certificate of Insurance with AI status for you? Yes No

5. Who originally built the skate park elements? _____

6. Is the Facility: Indoors or Outdoors

If Outdoors, is it Fenced? Yes No

7. Can the Facility be locked after hours of operation? Yes No

8. Are Rules Posted? Yes No

9. Do you provide rentals? Yes No

10. What is the Minimum Age? _____

If under 8 years what special precautions have you taken to ensure their safety? _____

11. Is the Skate Park supervised during hours of operation? Yes No

Number of attendants: _____

12. Average Daily Attendance? Weekdays: _____ Weekends: _____

13. What Safety Precautions are required? Please be specific (i.e. helmets, knee pads)

14. Do you Host Skating Competitions? Yes No How Often? _____

15. How Often is the facility Inspected? _____ By Whom? _____ Written Logs? Yes No

16. Describe the landing procedures for participants: _____

Describe the landing area: _____

17. What is the background/experience of the owner(s) of the park and the pros who teach or monitor the park:

18. Describe the Park Elements:

Element	Height
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

CONCESSIONS / RESTAURANT NO EXPOSURE

1. Are grills and cooking surfaces protected by a fire suppression system per local / state codes? Yes No
 If "no", please describe the fire protection present: _____
2. Are you in compliance with all state and local health codes with regards to food preparation and storage? Yes No
 If "no", please describe why: _____
3. Have you ever been cited for a health violation? Yes No
 If "yes" – describe citation and how remedied: _____

RETAIL SALES OF MERCHANDISE AND SOUVENIRS NO EXPOSURE

PLEASE INDICATE BELOW THE TYPES OF MERCHANDISE YOU SELL IN YOUR STORE

<input type="checkbox"/>	T-SHIRTS	<input type="checkbox"/>	INFLATED AMUSEMENTS
<input type="checkbox"/>	KNIVES	<input type="checkbox"/>	BRANDED SOUVENIRS
<input type="checkbox"/>	OTHER: _____	<input type="checkbox"/>	OTHER: _____
<input type="checkbox"/>	OTHER: _____	<input type="checkbox"/>	OTHER: _____

1. Do you repair or sell used equipment? Yes No
 If "yes" – do you have a warranty or guarantee or return policy that you provide? Yes No
 If "yes" – please provide a copy or describe: _____

SKATE & BMX PARK MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY

BY AFFIXING MY INITIALS I HEREBY AGREE TO ADHERE TO THE FOLLOWING MANDATORY INSURABILITY REQUIREMENTS AS A CONDITION FOR OBTAINING INSURANCE COVERAGE

*** PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY ***

No.	Initials	REQUIREMENTS – READ AND INITIAL 1-15
1.		A safety orientation and/or briefing shall be conducted for each participant that includes a description of the activity itself, the inherent dangers of the activity, safety precautions while underway and what to do in the event of an emergency or accident.
2.		Participants must be at least 8 years of age on their last birthday or the age designated by law, whichever is greater, unless accompanied by an adult at all times during activities
3.		YOU AGREE TO USE THE WAIVER AND RELEASE OF LIABILITY PROVIDED BY US , recognizing the dangers of the activities. That waiver will be signed and obtained from all participants. In addition to the customer's signature, the form will have a parent's or legal guardian's signature if the participant is under legal age. One waiver per customer is a requirement – roster type waivers are NOT acceptable. Waivers will be kept on file for a minimum of 3 years
4.		Waivers incident / injury reports must be kept on file and available for a minimum of 3 years
5.		All incidents regardless of severity will be reported to the company immediately
6.		Equipment Manufacturer's safety standards for the operations (including passenger capacity) are to be followed at all times during activities
7.		Helmets must be worn by all participants
8.		Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs.
9..		The operator must, for the duration of the policy, maintain and hold all necessary Federal, State, City or local certificates and/or licenses as required for those activities covered by this insurance
10.		You shall, to the best of your ability, determine the client's physical ability to participate in the activity and ensure that they are properly attired for both the activity and the weather conditions.
11.		Safety Rules and Procedures appropriate to the recreational activity are to be conspicuously displayed in signage or documents provided to each and every participant. Appropriate Protective Gear should be worn by participants at all times.
12.		Employees must be properly trained and experienced on all activities to enforce all eligibility and safety requirements.
13.		All equipment is to be checked by the insured or employees of the insured prior to use in compliance with manufacturer recommendations and guidelines. Proper records will be maintained on all repairs and adjustments made to such equipment. All repairs to equipment or adjustments made to equipment must be done in compliance with manufacturer's specifications.
14.		The insured must have an emergency plan and have First Aid available. One person with a current CPR & First Aid Certificate must be available at all times during business hours.
15.		The Facility / Venue is monitored by an attendant at all times when operations are being conducted

EXCEPTIONS: IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE COMPANY FOR APPROVAL

No.	Explanation and Comments:

****I understand that coverage cannot be considered bound until I have initialed and agreed to meet all the minimum eligibility requirements as set forth above and/or any exceptions I requested have been approved by the carrier.**

By signing this application below, you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.

SIGNATURE & TITLE

PRINTED NAME & TITLE

DATE

APPLICANT'S

R. B. JONES AND ATAIN ANTI-FRAUD STATEMENT

THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) R.B. Jones and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

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

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A 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.

For residents of 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 its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: 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.

For residents of 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.

For residents of 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 a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: 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.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned acknowledges having read this Anti-Fraud Statement.

Applicant _____

Date _____