



SKATING RINK APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
 2. Please fill in all the fields with the correct information.
 3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Umbrella
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto	<input type="checkbox"/> Flood
<input type="checkbox"/> EPLI	<input type="checkbox"/> Abuse / Molestation	<input type="checkbox"/> Hired & Non-Owned Auto	<input type="checkbox"/> Cyber Liability

Section 1: APPLICANT INFORMATION

How did you hear about us?			
Rink Name:		Corporate Name:	
Contact Name:		Mailing Address:	
City:	State:	Zip:	
Location Address: (If Different)			
City:	State:	Zip:	
Phone:	Email:	Fax:	
Cell:	DOB:	FEIN/SS#:	
Applicant: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise			

Section 2: GENERAL INFORMATION

Do you own or lease the premises? <input type="checkbox"/> Own <input type="checkbox"/> Lease			
How many years of experience do you have in the skating industry?			
Are you a member of USAC/RS, NIHA, ISI,? Please list:			
List Other locations owned or operated:			
1)		2)	
3)		4)	
Building and Contents Data:			
Number of Stories:		Other Occupancies:	
Number of Skating Surfaces:			
width	x length	=	sq ft.
width	x length	=	sq ft.
Surface composition:		Type of other floor surfaces:	
Date Last Resurfaced:		Age of Building:	
* If over 25 years old, year updated:		Electrical:	HVAC:

Section 2: GENERAL INFORMATION (Continued)

Annual Gross Receipts:		
Skating \$	Snackbar \$	Dancing \$
Alcohol \$	Videos \$	Bingo \$
Other \$	Total for all \$	
Written Emergency Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Being Developed		
Building Inspection Checklist <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Being Developed		
Skate Maintenance Log <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No		Guard Dogs <input type="checkbox"/> Yes <input type="checkbox"/> No
Burglar Alarm/Motion Detector <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of police responses to premises in last 3 years?		
Outside security <input type="checkbox"/> Yes <input type="checkbox"/> No		Panic bars on exit doors <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency exits <input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	Are they locked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Lights <input type="checkbox"/> Yes <input type="checkbox"/> No	How often tested/serviced?	
Parking Lot <input type="checkbox"/> Yes <input type="checkbox"/> No	Year last resurfaced?	
Certified First Aid Personnel <input type="checkbox"/> Yes <input type="checkbox"/> No	How many per session?	
Barrier Separating Skaters from Spectators <input type="checkbox"/> Yes <input type="checkbox"/> No	Height:	
Do you have a deep Fryer or a Grill? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Approved by Fire Marshal? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often is the system cleaned?	
Name of Service Contractor:		
Maximum Occupancy Rate _____ per fire code		

Section 3: RINK USE INFORMATION

Percentage of Use During Year:	Open Session	%	Private Parties	%
Maximum no. of Skaters per Floor Guard		Maximum capacity of Rink		
Special programs (describe):				
Dancing <input type="checkbox"/> Yes <input type="checkbox"/> No		Skating Competitions <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:				
Sponsoring or sanctioning organizations <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please check the applicable names: <input type="checkbox"/> USAC/RD <input type="checkbox"/> USA ROLLER HOCKEY <input type="checkbox"/> ISIA				
<input type="checkbox"/> HIHA <input type="checkbox"/> USFSA <input type="checkbox"/> NRHA <input type="checkbox"/> RHIA <input type="checkbox"/> OTHER:				

Section 3: RINK USE INFORMATION (Continued)

Figure Skating <input type="checkbox"/> Yes <input type="checkbox"/> No	Excercise Classes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Speed Skating <input type="checkbox"/> Yes <input type="checkbox"/> No	Hockey <input type="checkbox"/> Yes <input type="checkbox"/> No	Sanction Cards <input type="checkbox"/> Yes <input type="checkbox"/> No
Excercise Classes <input type="checkbox"/> Yes <input type="checkbox"/> No	In-line Skating <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you conduct the following on your premises:		
Equipment Sales <input type="checkbox"/> Yes <input type="checkbox"/> No	Laser Tag <input type="checkbox"/> Yes <input type="checkbox"/> No	
Repair Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Rental <input type="checkbox"/> Yes <input type="checkbox"/> No	
Day Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Picnic Facilities <input type="checkbox"/> Yes <input type="checkbox"/> No	
Snack Bar <input type="checkbox"/> Yes <input type="checkbox"/> No	Bus, Car, Or Trans. Service <input type="checkbox"/> Yes <input type="checkbox"/> No	
Miniature Golf <input type="checkbox"/> Yes <input type="checkbox"/> No	Sale of Alcholic Beverage <input type="checkbox"/> Yes <input type="checkbox"/> No	
Video Games <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 4: STAFFING INFORMATION

Total Number of Staff: Full Time (40 hours):	Part Time:
Minimum age of guards:	
Owner's Name:	Manager's Name:

Section 5: EXPIRING INSURANCE CARRIER

PLEASE COMPLETE FOR LAST FIVE YEARS

Year	Company	Liability Limits	Deductible	Premium

Has insurance ever been cancelled? Yes No

If yes, please describe:



Section 6: CLAIMS AND INCIDENT REPORT DATA

Average number of Incidents and/or claims for the last three (3) years:

per week

per month

per year

List any CLAIMS and LOSS HISTORY for the last three(3) years. To your knowledge how much money has been paid out on your behalf in each of the last three years as a result of accident, lawyer demands, etc.

Prior Year 1

Prior Year 2

Prior Year 3

(On a separate sheet of paper give a full description of each loss over \$5,000.00)

Section 7: COVERAGES REQUESTED

Limit of Liability

Liability Deductible

\$300,000/600,000

\$1,000

\$500,000/1,000,000

\$2,500

\$1,000,000/1,000,000

\$5,000

\$1,000,000/2,000,000

Would you like to premium finance? Yes No

Additional interests? Yes No

Certificate Holder

Additional Insured

Landlord

Name:

Street Address:

City:

State:

Zip:



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CYBER LIABILITY

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:



FRAUD NOTICE

GENERAL STATEMENT: 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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE 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.

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

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN 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 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.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND 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.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN 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.

APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: