

Skate Park Application

NAMED INSURED _____
(to be shown on the policy declaration page)

CONTACT NAME _____ POSITION/TITLE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS (if different then address above) _____

CITY _____ STATE _____ ZIP _____

PHONE (days) _____ (nights) _____

FAX _____ EMAIL _____

REQUESTED EFFECTIVE DATE _____ EXPIRATION DATE _____

ACTIVITY START DATE _____ ACTIVITY END DATE _____

IS THE ENTITY / ORGANIZATION / ASSOCIATION FOR PROFIT OR NOT FOR PROFIT?

IS THE ENTITY / ORGANIZATION / ASSOCIATION INCORPORATED? YES / NO

DESCRIBE THE ACTIVITIES / EVENTS / PROJECTS OF THE GROUP (list all scheduled & proposed activities/events; include how many times each activity / project is held & where each is located). _____

CURRENT/ESTIMATED NUMBER OF:

ANNUAL **MEMBERS** 18 & Under _____ 19 & Over _____
ONE TIME PARTICIPANTS 18 & Under _____ 19 & Over _____

SUPERVISED/UNSUPERVISED _____ INDOOR/OUTDOOR _____
ANNUAL/SEASONAL _____ TOTAL AREA _____
NUMBER OF EMPLOYEES _____ HELMETS ARE MANDATORY _____
if no, coverage is not eligible under this program.

ANY FOOD OR BEVERAGE SOLD _____ if YES, please list gross receipts \$ _____

ANY RETAIL SALES OF ANY KIND _____ if YES, please list gross receipts \$ _____

DO MEMBERS PAY A MEMBERSHIP FEE OR DUE? YES / NO IF YES, LIST AMOUNT & LENGTH OF
MEMBERSHIP TERM. \$ _____ Term _____ # of Members _____

DOES THE GROUP / ORGANIZATION / ASSOCIATION SERVE ALCOHOLIC BEVERAGES AT ANY TIME? YES /
NO IF YES, DESCRIBE EVENT (include what kind of beverages, how much is served, who serves, who monitors the
ages of those being served & amount of sales) _____

DOES THE NAMED INSURED HAVE A REGULAR MAINTENANCE POLICY CONCERNING THE RAMPS AND
EQUIPMENT (if not, please explain) _____

IF YES, HOW OFTEN IS THE EQUIPMENT INSPECTED AND WHO INSPECTS THE EQUIPMENT: _____

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PLEASE PROVIDE PRIOR CARRIER _____ POLICY NUMBER _____

PLEASE PROVIDE THE LAST 3 YEARS PREMIUM AND CLAIM INFORMATION/LOSS RUNS.

PLEASE TELL US ABOUT YOUR SAFETY PRECAUTIONS/PROCEDURES _____

SUMMARY OF INSURANCE LIMITS

GENERAL LIABILITY COVERAGE

General Aggregate (per event)	\$2,000,000
Products & Completed Operations	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Each Occurrence (per event)	\$1,000,000
Fire Damage (any one fire)	\$ 300,000
Medical Expense	Excluded

Coverage INCLUDED for Claims By Athletic Participants.

PARTICIPANT ACCIDENT MEDICAL COVERAGE

ALL INSURED'S **MUST** HAVE AT LEAST **\$25,000** PARTICIPANT ACCIDENT MEDICAL COVERAGE FOR THE GENERAL LIABILITY INSURANCE TO APPLY

- \$25,000 with a \$2,500 Corridor Deductible
- \$25,000 with a \$1,000 Corridor Deductible

COMPLETION OF THIS APPLICATION **DOES NOT BIND COVERAGE.**

COVERAGE IS SUBJECT TO INSURANCE COMPANY APPROVAL.

FRAUD STATEMENT [Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon & Utah]

Any person who knowingly & 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 & subjects the person to criminal & (New York: substantial) civil penalties. In Maine & Virginia, insurance benefits may be denied.

The above information is correct to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT

TITLE / POSITION

Local/Regional Licensed Agency	
Agency Name: _____	License Number: _____
Agent Name (Print): _____	Agent Address: _____
City, State, Zip: _____	Phone Number: _____
Signature: _____ (Licensed Agent)	Date: _____
Email Address: _____	Proposal Number: _____