



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

## SKATEBOARD PARKS DISCOVERY QUESTIONNAIRE

**THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER**

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

### General Information

1. Applicant (as it would appear on the coverage contract): \_\_\_\_\_
2. Doing Business As: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Contact Person: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
Contact Person is:  Owner  Manager  Promoter  Management  Other: \_\_\_\_\_
5. Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_
6. Web Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
7. Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_
8. Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_
9. Length of season: \_\_\_\_\_

### Insurance History

10. Who was your last or is your current insurance carrier? \_\_\_\_\_
11. What is or was your annual premium? \_\_\_\_\_
12. Describe your claims and loss history: \_\_\_\_\_  
\_\_\_\_\_
13. Limit of Liability:
 

<input type="checkbox"/> 50,000 per accident / 100,000 annual aggregate	<input type="checkbox"/> 300,000 per accident / 300,000 annual aggregate
<input type="checkbox"/> 100,000 per accident / 200,000 annual aggregate	<input type="checkbox"/> 300,000 per accident / 500,000 annual aggregate
<input type="checkbox"/> 100,000 per accident / 300,000 annual aggregate	<input type="checkbox"/> 500,000 per accident / 500,000 annual aggregate
<input type="checkbox"/> 200,000 per accident / 300,000 annual aggregate	<input type="checkbox"/> 300,000 per accident / 1,000,000 annual aggregate
<input type="checkbox"/> 200,000 per accident / 500,000 annual aggregate	<input type="checkbox"/> 500,000 per accident / 1,000,000 annual aggregate

Self Insured Retention (SIR):  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  Other: \$ \_\_\_\_\_

### 1. Business Activities

1. Length of season: \_\_\_\_\_
2. Check all activities for which coverage is being requested:  Skate Park  Snack Bar  Pro Shop  
 Other: \_\_\_\_\_
3. Square footage of skate park: \_\_\_\_\_ Sq. Ft.
4. Please include photographs or drawings of the skate park.

5. What is your interest in the premises?  Owner  Tenant

If tenant,

a. Does the landlord request a certificate of insurance or additional insured?  Yes  No

b. Please provide the following information for the Landlord:

i. Name: \_\_\_\_\_

ii. Address: \_\_\_\_\_

iii. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

iv. E-Mail: \_\_\_\_\_

6. Who is allowed to participate at park (check all that apply)?

Skateboards  In-Line Skate  BMX bikes  Other: \_\_\_\_\_

Activities which are not identified and for which no coverage charge has been made are excluded. Some activities will need to be further described in supplemental questionnaires. All Special Events or Competitions are not covered but can be added.

7. Who constructed the park? \_\_\_\_\_

8. Is construction entity a licensed contractor?  Yes  No

If yes, licensed by: \_\_\_\_\_

9. Does construction meet building codes?  Yes  No

10. Has the facility been inspected by a government agency?  Yes  No

If yes, by whom: \_\_\_\_\_

11. How often is the facility inspected?  Daily  Weekly

a. By whom? \_\_\_\_\_

12. Are daily inspections and maintenance logged or recorded?  Yes  No

13. Do you rent equipment?  Yes  No

14. Is the park:  Indoor  Outdoor

If outdoor, describe fencing and/or other security measures taken when park is closed: \_\_\_\_\_

15. What safety equipment is required?  Helmet  Knee Pads  Elbow pads  Wrist Guards

Other: \_\_\_\_\_

16. Do you use Liability Release Waivers?  Yes  No

If yes, please attach a copy.

17. Are all activities supervised?  Yes  No

18. Please describe supervision of park: \_\_\_\_\_

19. Do you have an accident/emergency plan?  Yes  No

If yes, please attach a copy.

20. What is the approximate distance or time to emergency care, i.e. Hospital, Emergency Care, Fire Station? \_\_\_\_\_

21. How are employees selected (check all that apply)?  Interview       Referral       Application  
 Other: \_\_\_\_\_

22. What are the minimum requirements for employees? \_\_\_\_\_  
 \_\_\_\_\_

23. Please complete a personnel roster for all employees and supply resumes for management and key personnel.

24. Breakdown of gross receipts:

- a. Membership Income: \$ \_\_\_\_\_ Charge for each Membership: \$ \_\_\_\_\_
- b. Admission Income: \$ \_\_\_\_\_ Average Day charge: : \$ \_\_\_\_\_
- c. Rental Income: \$ \_\_\_\_\_
- d. Snack Bar: \$ \_\_\_\_\_
- e. Pro Shop: \$ \_\_\_\_\_

25. Annual Estimate of park usage:

Number of Skaters	X	Days	=	User Days
	x		=	

26. Checklist of items to include:

- Brochure
- Liability Waiver (if used)
- Staff Manual (optional)
- Personnel Roster
- First Aid Kit List
- Advertising Materials
- Operation Plan, Procedural Manual (optional)
- Emergency plan
- Registration Form

### **REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become

effective until the Association’s accounting office receives the required premium payment, and the Applicant signs and returns the appropriate “Acknowledgement and Coverage Contract Receipt” form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant’s facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

**IMPORTANT:** Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the International Special Events and Recreation Association, a qualified “Purchasing Group” under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as “Participating Members.” The Association’s program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member’s state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant’s request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association’s Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association’s Purchasing Group’s principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant’s state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member’s state of residence.

Dated: \_\_\_\_\_

Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name



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### APPLICATION FOR MEMBERSHIP

The International Special Events and Recreation Association, Inc., has been formed as a "Purchasing Group" under the Risk Retention Act of 1986 (Public Law 97-45), to offer liability insurance to members of the Association.

To join the Association and participate in the benefits of membership, please complete the application below and return it with your membership fee and annual dues payment. Please make your check payable to the International Special Events and Recreation Association, Inc. The initial membership enrollment fee is \$5.00. Annual membership dues are \$75.00. If you have already enrolled in the Association, you do not need to complete this form.

1. Applicant : \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Contact Person: \_\_\_\_\_
4. Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_
5. Type of business conducted: \_\_\_\_\_
6. How many years have you been in business? \_\_\_\_\_
7. States of Operation: \_\_\_\_\_
8. Please list below the name and address of any other association you are currently a member of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

P.O. Box 526148 Salt Lake City, Utah 84152-6148  
Phone: 1-800-321-1493 • Fax: 1-800-666-9011 • E-Mail: [isera@smallcompanyinsurance.com](mailto:isera@smallcompanyinsurance.com)  
Web Site: [smallcompanyinsurance.com/isera/isera.htm](http://smallcompanyinsurance.com/isera/isera.htm)