



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.

**SKATING RINK OPERATORS 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: \_\_\_\_\_

**Business Activities**

13. Describe your operation(s) and the services you provide: \_\_\_\_\_  
 \_\_\_\_\_
14. Owner's Name: \_\_\_\_\_  
 a. Work # \_\_\_\_\_ Home # \_\_\_\_\_  
 b. Length of time as owner: \_\_\_\_\_
15. Manager's Name: \_\_\_\_\_  
 a. Work # \_\_\_\_\_ Home # \_\_\_\_\_  
 b. Length of time in position: \_\_\_\_\_
16. List all location(s) owned, rented or otherwise occupied on which you desire coverage:  
 \_\_\_\_\_  
 \_\_\_\_\_

17. General Skating Breakdown of Admission and Charges:

		Admission Only	Admission with rental skates
Adult Charge	\$	\$	\$
Student Charge	\$	\$	\$

Child Charge	\$	\$	\$
Other (Describe)	\$	\$	\$

18. Are skates charged for separately?  Yes  No

If yes, rental charge: \$ \_\_\_\_\_

19. Provide your total annual income for all services and activities (skating, food, games, other, etc.).

Gross receipts total, all operations: \$ \_\_\_\_\_

Note: It is critical the Association understands your business operations, requirements for use, etc. Incomplete information may result in the Association being unable to quote.

20. Breakdown of Skating Income:

	Organized, Supervised and Controlled by You.	Organized, Supervised and Controlled Others * – e.g. groups renting facilities
General Skating (non-competitive, non athletic recreation only)	\$	\$
Athletic, but non-competitive skating activities including figure skating skate dancing, etc.	\$	\$
Athletic and competitive skating	\$	\$
Activities including hockey, speed skating, etc. (Please explain in detail)	\$	\$
Other skating activities. (Please explain in detail)	\$	\$
<b>TOTAL SKATING RECEIPTS</b>	<b>\$</b>	<b>\$</b>

\* Note: So that the Association can maintain the strength and stability of this program, we cannot provide coverage for those activities which are not controlled and supervised by Rink Management unless a coverage contract of insurance is provided by the renting group, naming you as insured, or you manage specifically yourself.

21. Please explain your procedure for receiving and verifying the certificates of insurance provided to you by the renting groups. \_\_\_\_\_

22. When you or a renting group organizes and carries on athletic and/or competitive activities, do you require a signed release and waiver of liability, naming you specifically, be signed by each participant and guardian?  Yes  No

a. If no, would you be willing to implement the use of these protective forms?  Yes  No

23. Breakdown of all other specified annual income. Coverage may not be included for these activities.

All non-skating activities. Please use a separate sheet and explain these activities in detail if necessary.	\$
Equipment sales	\$
Souvenirs and T-shirts, etc.	\$
Snack Bar/Restaurant Food	\$
Games (Describe)	\$
Equipment Repairs	\$
Lounge	\$

Rental of premises, such as for bingo, dances, etc.	\$
Other (describe)	\$
Other (describe)	\$
<b>Total of all other income</b>	<b>\$</b>

The Association must understand your supervision and control of any and all use and rental of the premises. If rental groups provide separate insurance coverage, naming you as insured, please describe these completely.

The Association must understand all activities and risks, and the management associated with all activities held on your premises. For spectator events, a "Special Events" Questionnaire must be completed and a quotation provided for each separate event prior to coverage being provided under the coverage issued. Coverage IS NOT included under the coverage issued unless each separate activity is quoted and separately covered under the coverage contract issued.

24. Percentage of rink use during the year:

- a. Open Session \_\_\_\_\_%
- b. Rental to Groups and Organizations \_\_\_\_\_%
- c. Rental to Skating Programs \_\_\_\_\_%
- d. Other \_\_\_\_\_%

25. Is your business open every day?  Yes  No

If no, what days are you open?

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

26. Is your business open all year?  Yes  No

If no, what months is the business open: \_\_\_\_\_

27. Hours of the day open:

- a. During the week \_\_\_\_\_ to \_\_\_\_\_
- b. Weekends \_\_\_\_\_ to \_\_\_\_\_

28. Are any operations or services provided on premises which are independently contracted to others?

Yes  No

If yes, explain: \_\_\_\_\_

29. Number of employees:

On skating rink floor during open session	
Off skating rink floor during open session	
Average employee to participant ratio	to
Total number of employees on duty during open sessions	
Are employees paid?	
Minimum age and training of skate guards?	

30. Provide the total square footage of the premises you occupy (break down use by area):

Office space	
Skating Area	
Locker Room	
Game Room	
Snack Bar/ Restaurant	
Storage of skates	
Sale of merchandise	
Parking lot you are responsible for	
Other	

31. Do you own or rent/lease the skates you provide?  Own  Rent/Lease from Supplier

32. What type of skates are available? \_\_\_\_\_

33. Please describe in detail your maintenance and equipment check on rental skates: \_\_\_\_\_  
 \_\_\_\_\_

34. Are skates replaced or are they rebuilt?  Replaced  Rebuilt  Both

If replaced, how often? Explain: \_\_\_\_\_

35. Are any skates manufactured by a foreign company?  Yes  No

36. Provide the building and contents information below:

- a. Age of building: \_\_\_\_\_
- b. Construction:  Frame  Metal  Brick/Masonry
- c. Type of Floor Surface of Skating Rink: \_\_\_\_\_
- d. Type of Floor Surface on all other areas: \_\_\_\_\_

37. Do you have smoke alarms installed on premises?  Yes  No  
 Where?  Entire building  Storage area

38. Do you have an automatic sprinkler system?  Yes  No

39. Do you have fire extinguishers?  Yes  No  
 If yes, how many? \_\_\_\_\_

40. Was building originally built as a skating rink?  Yes  No  
 If no, explain: \_\_\_\_\_

41. What special events or special activities do you sponsor each year? \_\_\_\_\_  
 \_\_\_\_\_

**Note:** Coverage for special events is not included. To secure coverage for these activities, complete the separate "Special Events" Discovery Questionnaire. You will need to obtain a quotation for each event.

42. Is there any speed skating, exhibition, contest or team sport, sponsored by owner?  Yes  No  
 If yes, please specify number per year and type of event or activities: \_\_\_\_\_  
 \_\_\_\_\_
43. Describe measures taken to protect spectators from injury: \_\_\_\_\_  
 \_\_\_\_\_
44. Describe method used to prevent injury to participants: \_\_\_\_\_  
 \_\_\_\_\_
45. Explain security and protection provided: \_\_\_\_\_  
 \_\_\_\_\_
46. Any picnic facilities, playgrounds, campgrounds, or other public areas on premises and property owned by you?  Yes  No  
 If yes, explain: \_\_\_\_\_
47. Are there any mechanical recreation equipment, swimming pools, health spas, or other type service and facilities provided for customer or participants on premises?  Yes  No  
 If yes, explain: \_\_\_\_\_
48. Do you separately rent skates for use outside the skating rink area?  Yes  No
49. Does your business provide any bus, car or other transportation services?  Yes  No
50. Are any imported products sold?  Yes  No
51. Are any alcoholic beverages sold?  Yes  No
52. How many exits are on the premises? \_\_\_\_\_
53. Is skating rink enclosed or housed in an air supported structure (bubble)?  Yes  No  
 If yes, how many exits? \_\_\_\_\_
54. Are food and drink permitted on skating surface areas?  Yes  No  
 If no, what happens if rule is broken? \_\_\_\_\_
55. What type of seating is available? Is seating permanent or moveable? \_\_\_\_\_
56. Are vending machines properly maintained, and are electrical outlets properly grounded?  Yes  No
57. Are all sharp edges on machines maintained and protected?  Yes  No
58. Is parking lot in good repair, adequately lighted, and traffic patterns clearly marked?  Yes  No
59. Is snow and ice removed from the parking area in a timely manner?  Yes  No
60. Is at least one employee certified in first-aid on premises during open session:  Yes  No
61. Do you repair customer skates for a charge?  Yes  No
62. Is rink used as a dance hall at any time?  Yes  No

63. Explain any other operations which are an exception to normal rink operations: \_\_\_\_\_  
 \_\_\_\_\_
64. Do you provide a day care center on premises?  Yes  No
65. How many other skating rinks are in your town, and area, including yours? \_\_\_\_\_
66. Population located within 50 miles of rink?  10,000  50,000  100,000  250,000  500,000  
 500,000+
67. Do you understand and agree that unless specifically charged and paid, no coverage is provided for:  
 \*Completing the questions relating to these activities will allow the Association to include each in the quote.
- a. Organized contests (practice or competition)  Yes  No
- b. League programs ( athletic use, teams, etc.)  Yes  No
- c. Private skating clubs or groups which separately rent the rink and are liable for their own members and participants.  Yes  No
- d. Similar uncontrolled and unsupervised private activities.  Yes  No
68. Are there railings between the spectators area and the skating area?  Yes  No  
 What height? \_\_\_\_\_ What type of material used? \_\_\_\_\_
69. What is the maximum number of participants the rink will accommodate? \_\_\_\_\_
70. What training is provided to employees for adequate crowd control? \_\_\_\_\_
71. Are lockers, dressing rooms, or showers on premises?  Yes  No
- a. What security is provided? \_\_\_\_\_
- b. Are signs posted referring to responsibility for personal belongings?  Yes  No
72. Are helmets required or used in any session?  Yes  No  
 Explain: \_\_\_\_\_
73. Please attach a detailed diagram that describe the activities and services offered at your premises, including the location of all services. A photo and brochure should be attached if available. The more the Association understands your business, the less guesswork will be necessary in the rating process.
74. Are you a member of any State or National Association or Group?  Yes  No
- If yes,
- a. How long? \_\_\_\_\_
- b. Name: \_\_\_\_\_
- c. Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. Telephone Number: \_\_\_\_\_

## 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



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.

### 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