

Covers roller rinks and ice rinks, including skate rentals, lessons, parties, and hockey or derby leagues. Complete with ACORD 125, 126, and 140.

**1 APPLICANT / BUSINESS INFORMATION**

|                                                                                                                                                                        |                       |                      |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|----------------------|
| LEGAL BUSINESS NAME                                                                                                                                                    | DBA                   | FEIN                 | YEARS IN BUSINESS    |
| <input type="text"/>                                                                                                                                                   | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| BUSINESS ADDRESS                                                                                                                                                       | CITY / STATE / ZIP    | WEBSITE              |                      |
| <input type="text"/>                                                                                                                                                   | <input type="text"/>  | <input type="text"/> |                      |
| <b>Entity type:</b><br><input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation |                       |                      |                      |
| PRIMARY CONTACT / TITLE                                                                                                                                                | PHONE                 | EMAIL                |                      |
| <input type="text"/>                                                                                                                                                   | <input type="text"/>  | <input type="text"/> |                      |
| RINK TYPE (ROLLER / ICE / BOTH)                                                                                                                                        | SKATING FLOOR SQ. FT. |                      |                      |
| <input type="text"/>                                                                                                                                                   | <input type="text"/>  |                      |                      |

**2 OPERATIONS**

|                                                                                                                                              |                      |                          |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------|----------------------|
| SKATERS PER YEAR                                                                                                                             | RENTAL SKATES        | FLOOR GUARDS PER SESSION | SKATERS UNDER 18 (%) |
| <input type="text"/>                                                                                                                         | <input type="text"/> | <input type="text"/>     | <input type="text"/> |
| 2-1 Does the rink hold teen nights or late-night sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No                          |                      |                          |                      |
| IF YES, EXPLAIN <input type="text"/>                                                                                                         |                      |                          |                      |
| 2-2 Is the rink an ice rink with ammonia refrigeration or fuel-powered resurfacers? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |                          |                      |
| IF YES, EXPLAIN <input type="text"/>                                                                                                         |                      |                          |                      |
| 2-3 Does the rink host hockey, derby, or speed-skating leagues? <input type="checkbox"/> Yes <input type="checkbox"/> No                     |                      |                          |                      |
| IF YES, EXPLAIN <input type="text"/>                                                                                                         |                      |                          |                      |

**3 EXPOSURE & RISK QUESTIONS — FALLS, COLLISIONS & FLOOR CONTROL**

Skating-rink claims usually come from falls and collisions on crowded floors — often caused by fast or reckless skaters — and from worn rental skates. Floor guards who control speed and separate beginners are the core defense.

|                                                                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 3-1 Are floor guards on the floor during every public session, with authority to remove reckless skaters? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| IF YES, EXPLAIN <input type="text"/>                                                                                                                               |  |
| 3-2 Is skating direction and speed controlled during sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |  |
| IF YES, EXPLAIN <input type="text"/>                                                                                                                               |  |
| 3-3 Are separate beginner or young-child sessions or areas offered? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |  |
| IF YES, EXPLAIN <input type="text"/>                                                                                                                               |  |
| 3-4 Are rental skates inspected after each use, with wheels, brakes, and laces maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No                |  |
| IF YES, EXPLAIN <input type="text"/>                                                                                                                               |  |
| 3-5 Is the skating surface inspected before each session and repaired promptly? <input type="checkbox"/> Yes <input type="checkbox"/> No                           |  |
| IF YES, EXPLAIN <input type="text"/>                                                                                                                               |  |
| 3-6 Are helmets available to skaters? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                     |  |
| IF YES, EXPLAIN <input type="text"/>                                                                                                                               |  |
| 3-7 Are helmets required for young children? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                              |  |
| IF YES, EXPLAIN <input type="text"/>                                                                                                                               |  |
| 3-8 Are skater-responsibility rules posted as state law requires? <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |  |
| IF YES, EXPLAIN <input type="text"/>                                                                                                                               |  |
| 3-9 Has a skater suffered a head injury or serious fracture in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No                          |  |
| IF YES, EXPLAIN <input type="text"/>                                                                                                                               |  |

#### 4 EXPOSURE & RISK QUESTIONS — TEEN NIGHTS, ICE EQUIPMENT & EMERGENCIES

4-1 If yes to 2-1, is licensed security on site, including the parking lot, during teen nights? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-2 If yes to 2-1, is a dress code and re-entry policy enforced? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-3 If yes to 2-2, is carbon monoxide and ammonia monitored with alarms? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-4 If yes to 2-3, do leagues carry their own insurance naming the rink? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-5 Is an AED on site with CPR-certified staff on every shift? ☐ Yes ☐ No  
IF YES, EXPLAIN

#### 5 PAYROLL & RECEIPTS

|                           |                                  |                              |
|---------------------------|----------------------------------|------------------------------|
| TOTAL ANNUAL PAYROLL (\$) | ADMISSION & RENTAL RECEIPTS (\$) | PARTY / LEAGUE RECEIPTS (\$) |
| <input type="text"/>      | <input type="text"/>             | <input type="text"/>         |

#### 6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

|                      |                           |                             |
|----------------------|---------------------------|-----------------------------|
| GL CARRIER / LIMITS  | ASSAULT & BATTERY (Y / N) | EQUIPMENT BREAKDOWN (Y / N) |
| <input type="text"/> | <input type="text"/>      | <input type="text"/>        |

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No  
IF YES, EXPLAIN

| DATE OF LOSS | DESCRIPTION | TOTAL INCURRED (\$) | OPEN / CLOSED |
|--------------|-------------|---------------------|---------------|
|              |             |                     |               |
|              |             |                     |               |
|              |             |                     |               |
|              |             |                     |               |
|              |             |                     |               |

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No  
IF YES, EXPLAIN

#### 7 RISK MANAGEMENT

7-1 Are incident reports completed the same day, with video preserved? ☐ Yes ☐ No  
IF YES, EXPLAIN

7-2 Does every skater (or parent) sign a waiver? ☐ Yes ☐ No  
IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

**FRAUD NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

|                                                   |                                     |             |
|---------------------------------------------------|-------------------------------------|-------------|
| APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME) | TITLE                               | DATE        |
| <div></div>                                       | <div></div>                         | <div></div> |
| PRODUCER — CORY WASHINGTON & CO. LLC              | PRODUCER SIGNATURE (TYPE FULL NAME) | DATE        |
| <div></div>                                       | <div></div>                         | <div></div> |