



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

Section 1: General Information

1. Applicant name (as it should appear on the policy):

2. FEIN:

3. Corporation LLC Partnership LLP Individual Other

4. Mailing Address:

5. Operations Address:

6. Description of Operations:

7. Inspection Contact:

Phone Number:

Website:

Email:

8. Do you conduct any Operations or Businesses or Activities not covered under this application of insurance? Yes No

If yes, please describe:

9. Proposed Effective Date:

Proposed Expiration Date:

10. Operating Season:

11. Year operation opened:

12. Total Management Experience in this type of Operation:

13. Is this a new venture or operation? Yes No

IF YES – MANDATORY to submit a Resume or Summary of Qualifications

14. Has Your Insurance Ever Been Cancelled or Non-Renewed? Yes No

If Yes, Please Explain

Limits of Liability Required:

Per Occurrence:

Aggregate:

Deductible per Claim \$500 \$1000 \$2500 \$5000

Section 2: Operations Information

1. Are all guests, clients, students required to Sign a Release of Liability Prior to Participating in the Activity? Yes No

2. Do you cross check waiver signature with identity? Yes No

3. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? Yes No

4. Are any operations conducted outside the United States? Yes No

4a. IF YES, What % of receipts related to International operations? _____ %

4b. Do you require Travel Medical/Accident Coverage be purchased? Yes No

4c. IF NO, Do you require participants to confirm that their health insurance carrier covers them internationally? Yes No

5. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety? Yes No

6. Do you hire Concessionaires, Independent Contractors or Subcontractors? Yes No

6a. IF YES, For what Activities - Duties?

6b. IF YES, Do you obtain Proof of Insurance with AI status from them? Yes No

7. Do you provide On-The-Job Training or Tryouts for individuals PRIOR to Hiring them as employees? Yes No

7a. IF YES, Do you require them to sign a special waiver prior to allowing them to Train or Try-Out? Yes No

8. Do you have a formal written PROCEDURE & TRAINING manual for your operations? Yes No

9. Is there at least one supervisor, site manager, or employee on duty at all times that obtains CPR/1st Aid Certification? Yes No

10. Have you or any operators had their driver's license either revoked or suspended in the past 3 yrs? Yes No

10a. IF YES, Explain

11. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? Yes No

12. Do you Sell products that you manufacturer, install or assemble? Yes No

12a. IF YES, Explain

13. Are there any attractive nuisances on the premises (playgrounds, ponds, machinery, and other structures)? Yes No

13a. IF YES, Please list all:

14. Do you conduct any non-guided activities: Yes No



Section 2: Operations Information

14a. IF YES, Please describe in detail:

15. In the last 5 years, have you been engaged or are presently engaged in a similar business operation under another business name? Yes No

15a. IF YES, Business Name, Start/End Date, & Location:

16. Do you require background checks on all employees? Yes No

16a. IF NO, do you require background checks on employees that work with minors? Yes No

17. Are employees cross checked on the National Sex Offender Registry? Yes No

18. Do all guides carry at all times a communication device? (e.g. radio, cell phone, etc.)
 Yes No

19. Has any guide been involved in an incident with resulted in death or serious injury?
 Yes No

19a. IF YES, please provide details:

20. Are all guides licensed per your state or government agency's guidelines? Yes No

21. Do you utilize mobile equipment in your operations: Yes No

21a. IF YES, what kind and purpose

Section 3: Prior Carrier Information

Name of Company	Policy Dates	Premium	Losses

Have you had any incidents or claims in the past 5 years? Yes No *(If yes please provide details below)*

	\$
	\$
	\$

Section 4: Revenue Breakdown for all Activites

Total Receipts for the Last 12 months: All other receipts:

Explain Other Receipts:

Estimated Receipts for the Next 12 Months: All other receipts:

Explain Other Receipts:



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Section 5: Additional Insureds (As they are to appear on the Policy)

Name	Address	Relationship to you	Excess Req.	Occ Limit	Agg Limit
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 6: Guide & Instructor Qualification Information

Age	Full Name	Yrs of exper.	1st Aid & CPR?	Other applicable certification for each guide
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 7: Revenue Breakdown for all Activities

Total gross revenues for all activities: \$		All Operation must be declared	
Activites Covered	# Attendants	Gross Revenues	No Exposure
Admission			
Equipment Rentals			
Lessons			
Other			
Incidental Operations	# Attendants	Gross Revenues	No Exposure
Concessions			
Retail Sales of Merchandise			
Other:			

Check all that apply: Skateboard BMX Rollerblade

1. Is the facility supervised at all times? Yes No

1a. Number of supervisors on duty at one time:

2. Are helmets required for all participants? Yes No

Section 7: Revenue Breakdown for all Activities (continued)

3. Are all activities checked above allowed to participant on the track at one time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is the facility: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
4a. If OUTDOORS, can the facility be locked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4b. If OUTDOORS, is it lit at night? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Park construction: <input type="checkbox"/> Concrete <input type="checkbox"/> Masonite <input type="checkbox"/> Skatelite <input type="checkbox"/> Other:	
6. Type of floors: <input type="checkbox"/> Polished Concrete <input type="checkbox"/> Masonite Decks <input type="checkbox"/> Other:	
7. Are there: <input type="checkbox"/> Rails <input type="checkbox"/> Stairs Describe:	
8. Who built your skate park?	8a. What year was the park built:
9. What is the total square footage of park?	
10. What is the maximum height of the ramps?	
11. Do you have written rules and safety notices posted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11a. IF YES, where?	
12. Will any tournaments or events be held at your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Describe events and estimated # of spectators:	
13. Is the facility inspected daily? <input type="checkbox"/> Yes <input type="checkbox"/> No	13a. Is it mopped daily? <input type="checkbox"/> Yes <input type="checkbox"/> No
13b. Is it swept before each session? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13c. IF NO, to any of the above explain why:	
14. What is the minimum age allowed:	
15. Describe any participant limitations:	

Section 8: Minimum Eligibility Requirements - Please read carefully

PLEASE REVIEW AND INITIAL THAT YOU AGREE TO FOLLOW EACH REQUIREMENT
 *** PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY ***

No.	Initials	Requirements
1.		Participants are required to wear an industry-accepted helmet and use safety protection as per the SPAUSA guidelines. The helmet and safety protection will be worn and securely fastened by all customers prior to engaging any activities.
2.		Under no circumstances will you conduct or permit any form of contest or racing event that is not fully supervised and in compliance with the SPAUSA event guidelines.

Section 8: Minimum Eligibility Requirements (continued)

No.	Initials	Requirements
3.		Prior to participation in an activity, each participant and / or passenger shall be required to sign the RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT and/or ACKNOWLEDGEMENT OF RISK FORMS (hereinafter "Release") provided and approved by the carrier. In the event a participant or passenger is less than 18 years of age, both the participant and their parent or legal guardian must sign the Release. All Releases must be held on file for a minimum of five (5) years.
4.		Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to (a) participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs (b) take or consume alcohol or drugs during the guided activities at any time.
5.		All applicable State, Federal and Equipment Manufacturer's safety standards for the operations are to be followed at all times during activities.
6.		All incidents regardless of severity will be reported to the company immediately.
7.		You will comply with our skate park inspection policy at all times as detailed below; 1. Daily inspections will be conducted on all parks. 2. All inspections will be completed under the direction of a qualified inspector. 3. All inspections will be completed utilizing the Skate Park Inspection Form provided and approved by the carrier. 4. All original inspection forms will be kept on file for at least 5 years. 5. The inspector will sign and date each inspection on the date of completion. 6. All follow-up repairs needed will be noted under "Action required" on the inspection form. 7. Inspections will be reviewed annually by the manager in an attempt to identify trends and areas of concern.
8.		You will inspect all equipment daily, prior to the commencement of activities and in accordance with the manufacturer's recommendations and guidelines. You will maintain and keep a written log of these procedures. Equipment, which a reasonable and prudent person would consider damaged and worn, so as to create a potential hazard to life or health, will never be used in activities.
9.		Parks will be supervised at all times by persons who have received training regarding acceptable behavior of participants and responsibilities of supervisors and who have suitable experience regarding the same.
10.		It will be the operations manager, supervisor and/or employee's responsibility to evaluate and determine if an individual's behavior is suitable for the activities and those other participants engaged in activities. You will monitor activities to this end and remove any individual who is repeatedly chooses to ignore warnings and instructions from the supervisor and / or trained employee.

Section 8: Minimum Eligibility Requirements (continued)

No.	Initials	Requirements
11..		You will have one or more supervisors and / or trained employees with the following certifications: Cardiopulmonary Resuscitation, First Aid. Employees must be current in CPR and First Aid, possess all relevant skills and knowledge of skate park operations, including but not limited to; following established guidelines and safe operating procedures, exhibit proficiency in emergency techniques, capable of following instructions for the proper use of safety equipment and able to notify medical personnel. Park must have a fully functional First Aid Kit.
12.		Minimum age for participation is 6 years of age on their last birthday or the age as designated by law, whichever is greater unless specifically agreed in writing by the carrier. Participants who are 8 years old or younger will only be permitted in sessions designated specifically for children under the age of 12, or when accompanied in the park with a certified instructor.
13.		The skate park will have signs at entry points to the park advising: <ol style="list-style-type: none"> 1. high risk nature of activity 2. level of park supervision 3. Use of protective equipment 4. location of emergency telephone 5. provide phone # to advise of problems or concerns
14.		All vendors or subcontractors shall maintain a current certificate of insurance with your business named as "Additional Insured" and with a minimum limit of \$1,000,000.

IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE CARRIER FOR APPROVAL.

No.	Explanation and Comments

SIGNATURE

Signature:	Date:
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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 FLORIDIA: 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:
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