



SKATEBOARD/IN-LINE SKATING PARK SUPPLEMENT

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

Section 1: GENERAL INFORMATION

How did you hear about us?

Business Name:

Business Address:

City:

State:

Zip:

Contact Name:

Birth Date:

Phone:

Fax:

Email:

Park Name (if different than Businesss Name):

Park Address:

City:

State:

Zip:

Experience of management/staff:

Total # of employees:

Section 2: PHYSICAL DESCRIPTION OF PREMISE

What year was park built/erected?

Indicate where facility is located? ☐ Indoor ☐ Outdoor

Was park designed and built accordingly to safety standards? ☐ Yes ☐ No

Any modification to the park/runs since it was built? ☐ Yes ☐ No

If yes, what?

Description of park (including terrain, fencing, obstacles etc.)

Number of runs?

Do the runs accommodate different degrees of difficulty for beginners, intermediate and advanced skaters? ☐ Yes ☐ No

Are the runs clearly marked with signs or by colored borders to indicate level of difficulty?
☐ Yes ☐ No

Does the park display and enforce a set of safety and conducts rules? ☐ Yes ☐ No



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Section 2: PHYSICAL DESCRIPTION OF PREMISE (Continued)

Does the park have a well-qualified, experienced skate patrol? ☐ Yes ☐ No

Are regular inspections made of the grounds and runs? ☐ Yes ☐ No

How often?

Is night skating allowed? ☐ Yes ☐ No Is sufficient lighting provided? ☐ Yes ☐

Are runs surrounded by? ☐ Walking ☐ Netting ☐ Fencing ☐ Other:

If spectators allowed in the skating area, are they protected from flying objects? ☐ Yes ☐ No

Are skaters protected from interference and distraction by spectator? ☐ Yes ☐ No

Are modified skateboards allowed? ☐ Yes ☐ No

Does the park sponsor competition, especially those with acrobatic events? ☐ Yes ☐ No
(Must utilize waiver with hold harmless clause needed for our file)

Provide complete details and dates:

Are boards required to have drag chutes and braking systems? ☐ Yes ☐ No

Does the park require and enforce wearing of full protective gear by all participants/skaters?
☐ Yes ☐ No

Number of staff members, per shift?

Do staff members wear special clothing for easy identification and carry a first aid kit each of the runs?
☐ Yes ☐ No

Are all staff members required to be First Aid Certified? ☐ Yes ☐ No

Are staff members trained on procedures on how to handle disturbances, expel unruly patrons from the park or to revoke their skating privileges without undue force? ☐ Yes ☐ No

Any rental of equipment? ☐ Yes ☐ No If yes, what are rental receipts? \$

Are skateboards and gear thoroughly inspected before and after rental? ☐ Yes ☐ No

If any repairs are done on premises, are the people qualified and experienced? ☐ Yes ☐ No

Is there a pro shop? ☐ Yes ☐ No Operated by: ☐ Risk ☐ Others

If by others, is a Certificate of Insurance and Additional Insured Certificate obtained? ☐ Yes ☐ No

If by risk, what are sales for this operation \$

Is there a snack or refreshment shop? ☐ Yes ☐ No Operated by: ☐ Risk ☐ Others

If by others, is a COI and AI obtained? ☐ Yes ☐ No

If by risk, what are sales for this operation \$

What are the total sales receipts for the park? \$

Any other exposures on premises? ☐ Yes ☐ No If yes, please explain in detail below:



Section 3: SUBMISSION

REQUIREMENTS FOR SUBMISSION

- | | |
|--|---|
| <input type="checkbox"/> Currently valued 5 year loss runs | <input type="checkbox"/> Resume (new business only) |
| <input type="checkbox"/> Copy of waiver | <input type="checkbox"/> Skate Park Diagram |
| <input type="checkbox"/> Business Plan (new business only) | <input type="checkbox"/> Copy of Safety Signage |

This application is supplied as a convenient means of acquiring information necessary to evaluate your business operations and exposures. This is not a Binder of Insurance and nothing herein contained shall be construed as an agreement to bind insurance of any kind or description.

I certify that the foregoing information is correct to the best of my knowledge:

Signature:

Date:

SAVE APPLICATION



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 FLORDIA: 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: