

1. Complete the enrollment form (all pages) in full by selecting a field with the mouse and by using the tab button.
2. Please fill in all the fields with the correct information.
3. Mail the completed quote request form to the address listed below.
4. You may e-mail this application to [apps@coasioinsurance.com](mailto:apps@coasioinsurance.com).

## GENERAL INFORMATION

1. Rink name
2. Corporate name
3. Mailing Address   
 City  State  Zip
4. Location Address (if different)   
 City  State  Zip
5. Phone No.  Fax No.   
 Website  E-mail
6. Applicant is: ☐ individual ☐ corporation ☐ partnership ☐ franchise
7. Social Security or Corporate Tax ID number
8. Do you own? ☐ yes ☐ no Or Do you lease? ☐ yes ☐ no
9. How many years of experience do you have in the skating industry?
10. Are you a member of USAC/RS, NIHA, ISI, please list
11. Is this a new operation? ☐ yes ☐ no Years in business at this location   
 List other locations owned or operated:

### \* Building and Contents Data

- a) Number of stories
- b) Other occupancies
- c) Number of skating surfaces   
 length  x width  =  sq ft  
 length  x width  =  sq ft
- d) Surface composition
- e) Type of other floor surfaces
- Date last resurfaced
- f) Age of Building   
 if over 25 years old, year updated  electrical  HVAC

### Annual Gross Receipts

Skating	\$	<input type="text"/>
Snack bar	\$	<input type="text"/>
Alcohol	\$	<input type="text"/>
Videos	\$	<input type="text"/>
Dancing	\$	<input type="text"/>
Bingo	\$	<input type="text"/>
Other	\$	<input type="text"/>
Total	\$	<input type="text"/>

Questions? Call us at (864) 688-0121 or send us a fax at (864) 688-0138.

## PHYSICAL PLANT INFORMATION

1. Do you have the following?

- |                                |                              |                             |                                          |
|--------------------------------|------------------------------|-----------------------------|------------------------------------------|
| written emergency plan?        | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> being developed |
| building inspection checklist? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> being developed |
| skate maintenance log?         | <input type="checkbox"/> yes | <input type="checkbox"/> no |                                          |
| guard dogs?                    | <input type="checkbox"/> yes | <input type="checkbox"/> no |                                          |
| burglar alarm/motion detector? | <input type="checkbox"/> yes | <input type="checkbox"/> no |                                          |

2. Number of police responses to premise in the last 3 years

- |                                             |                              |                             |                                                 |
|---------------------------------------------|------------------------------|-----------------------------|-------------------------------------------------|
| outside security?                           | <input type="checkbox"/> yes | <input type="checkbox"/> no |                                                 |
| emergency exits?                            | <input type="checkbox"/> yes | <input type="checkbox"/> no | How many? <input type="text"/>                  |
| Panic Bars on exit doors?                   | <input type="checkbox"/> yes | <input type="checkbox"/> no |                                                 |
| Emergency lights?                           | <input type="checkbox"/> yes | <input type="checkbox"/> no | How often tested/serviced? <input type="text"/> |
| Parking lot?                                | <input type="checkbox"/> yes | <input type="checkbox"/> no | Year last resurfaced? <input type="text"/>      |
| Certified first aid personnel               | <input type="checkbox"/> yes | <input type="checkbox"/> no | How many per session? <input type="text"/>      |
| Barrier separating skaters from spectators? | <input type="checkbox"/> yes | <input type="checkbox"/> no | Height <input type="text"/>                     |
| Deep fryer or grill?                        | <input type="checkbox"/> yes | <input type="checkbox"/> no |                                                 |
| Approved by fire Marshall?                  | <input type="checkbox"/> yes | <input type="checkbox"/> no |                                                 |
| How often is the system cleaned?            | <input type="text"/>         |                             |                                                 |
| Name of Service Contractor                  | <input type="text"/>         |                             |                                                 |

Maximum occupancy rate  per fire code

## RINK USE INFORMATION

1. Percentage of use during year: open session % private parties %

2. Maximum no. of skaters per floor guard:

3. Maximum capacity of rink

4. Special programs - describe

5. Dancing? ☐ yes ☐ no Skating competitions? ☐ yes ☐ no  
If yes explain

6. Sponsoring or sanctioning organizations? ☐ yes ☐ no

If yes please check names:

- |                                  |                                            |                                |                               |
|----------------------------------|--------------------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> USAC/RD | <input type="checkbox"/> USA Roller Hockey | <input type="checkbox"/> ISIA  | <input type="checkbox"/> HIHA |
| <input type="checkbox"/> NRHA    | <input type="checkbox"/> RHIA              | <input type="checkbox"/> Other | <input type="text"/>          |

- |                |                              |                             |                  |                              |                             |
|----------------|------------------------------|-----------------------------|------------------|------------------------------|-----------------------------|
| Figure Skating | <input type="checkbox"/> yes | <input type="checkbox"/> no | Exercise Classes | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Speed Skating  | <input type="checkbox"/> yes | <input type="checkbox"/> no | In-line Skating  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Hockey         | <input type="checkbox"/> yes | <input type="checkbox"/> no | Sanction Cards   | <input type="checkbox"/> yes | <input type="checkbox"/> no |

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7. Do you conduct the following on your premises?

Equipment sales	<input type="checkbox"/> yes	<input type="checkbox"/> no	Equipment rental	<input type="checkbox"/> yes	<input type="checkbox"/> no
Repair Service	<input type="checkbox"/> yes	<input type="checkbox"/> no	Picnic Facilities	<input type="checkbox"/> yes	<input type="checkbox"/> no
Day Care	<input type="checkbox"/> yes	<input type="checkbox"/> no	Bus, Car, or trans. service	<input type="checkbox"/> yes	<input type="checkbox"/> no
Snack Bar	<input type="checkbox"/> yes	<input type="checkbox"/> no	Sale of alcoholic beverages	<input type="checkbox"/> yes	<input type="checkbox"/> no
Miniature Golf	<input type="checkbox"/> yes	<input type="checkbox"/> no	Other	<input type="checkbox"/> yes	<input type="checkbox"/> no
Video Games	<input type="checkbox"/> yes	<input type="checkbox"/> no	explain other		
Laser Tag	<input type="checkbox"/> yes	<input type="checkbox"/> no			

## STAFFING INFORMATION

1. Total number of staff:  Full time (40 hours)  Part Time  
 Minimum age of guards

2. Owner's name   
 3. Manager's name

## EXPIRING INSURANCE CARRIER PLEASE COMPLETE FOR LAST FIVE YEARS

Year	Company	Liability limits	Deductible	Premium
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has insurance ever been refused or cancelled? ☐yes ☐no

If yes please describe

Average Number of Incidents and/or claims for the last three(3) years  
 per week  per month  per year

On a separate sheet of paper give a full description of each loss over \$5,000.



# SKATING RINK INSURANCE APPLICATION

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## COVERAGES REQUESTED

Proposed effective date:

### Limit of Liability

☐ \$300,000/ 00,000  
☐ \$500,000/1,000,000  
☐ \$1,000,000/1,000,000  
☐ \$1,000,000/2,000,000

### Liability Deductible

☐ \$1,000 Deductible  
☐ \$2,500 Deductible  
☐ \$5,000 Deductible

Would you like to premium finances? ☐ yes ☐ no

Additional Interests? ☐ yes ☐ no

certificate holder

additional insured

landlord

Name  Phone

Address

City  State  Zip

This application is supplied as a means of acquiring information. It is not a binder and nothing herein contained shall be construed as an agreement to bind insurance of any kind or description.

It is hereby understood and agreed that if insurance is issued by virtue of completing this application, the insurance is only issued on the reliance on the applicant's warranty of the accuracy of answers to the questions above. Warranties will survive a certificate/policy if issued.

Signature  Date

**NOTE: Click the Save button and save this document in your documents file folder.  
Make sure that all the information you have entered is correct and then  
e-mail this application to [apps@cossioinsurance.com](mailto:apps@cossioinsurance.com)**

**Save**

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