

##### ICE RINK INSURANCE QUESTIONNAIRE

**SUBMISSION REQUIREMENTS**

* Completed and signed ACORD Applicant Information Section 125, ACORD CGL Section 126, and ACORD applications for other requested coverages (e.g., Auto, Crime, Excess Liability, Inland Marine, Property)
* Five years currently-valued insurance company loss runs with description of any claim or reserve in excess of $25,000
* Sub-contractor/independent contractor agreements and/or agreements between the insured and any additional insured.
* Lease agreement with building or premises owner
* Facility agreement (e.g., required of third parties renting your facility)
* Waiver and release of liability form
* Sexual Abuse/Molestation Policy, including written procedures for dealing with allegations of sexual abuse.
* Daily inspection log

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| **GENERAL INFORMATION** |
| 1. Name of Insured (Applicant): |
| 2. Location/Address (if different from ACORD): |
| 3. What is the insured’s FEIN number? |
| 4. What is the insured’s website address? |
| 5. Number of years in business? |
| 6. Does the insured conduct any other operations under this name?  Yes  No  If yes, please explain: |
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| **UNDERWRITING INFORMATION** |

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| 1. Do you own or lease the premises?  Own  Lease  If leased, what are the other occupancies/tenants in the building, if any? |
| 2. List ice rink associations of which you are a member: ISI  US Ice Rink Association  NEISMA  Others  If Others, which one(s)? |
| 3. List other locations owned or operated: |
| 4. Do you run programs in your rink under another business name?  Yes  No  IF SO, PLEASE PROVIDE NAME(S): |

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| **ANNUAL GROSS RECEIPTS BREAKDOWN** |
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| **A. GENERAL ADMISSION:** |
| Open public skate $ |
| Skate rental (public) $ |
| T**OTAL:** $ |
| **B. RINK SPONSORED:** |
| Recreational group lessons $ |
| Figure skating lessons $ |
| Hockey lessons $ |
| Senior hockey league $ |
| Skate sharpening $ |
| Skate rental for lessons $ |
| Parties $ |
| **TOTAL:** $ |
| **C. FACILITY RENTAL:** |
| USA Hockey \* $ |
| U.S. Figure Skating $ |
| Association (clubs & events) $ |
| High school and college $ |
| Non-skating events $ |
| **TOTAL:** $ |
| \* List all USA Hockey Teams/Leagues that skate at your facility: |
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| **D. OTHER:** |
| Arcade $ |
| Concessions $ |
| Pro Shop $ |
| Vending $ |
| Liquor $ |
| Other:       $ |
| **TOTAL:** $ |

### PHYSICAL PLANT AND MAINTENANCE INFORMATION

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of stories: | | Total square footage: | | | | | | | | | |
| # of Skating surfaces: | |  | | |  | | | |  | | |
| Height of boards: | | Height of glass at sides: | | | | | | Height of glass at ends: | | | |
| Protective netting? | Yes | | | No | | | Full | | Ends | | Other |
| Surface Composition under ice: | | |  | | | | | | | | |
| Type of other floor surfaces: | | |  | | | | | | | | |
| Date these were last resurfaced: | | |  | | | | | | | | |
| Is the rink:  Indoor  Outdoor | | | | | | | | | | | |
| Describe how you monitor ice quality: | | | | | |  | | | | | |
| Describe how you secure rink when closed: | | | | | |  | | | | | |
| Age of building: | | If over 25 years old, year updated: Electrical: | | | | | | | | HVAC: | |
| Does your rink have a Direct Refrigeration System or an Indirect Refrigeration System? | | | | | | | | | | | |
| Age of chiller:       Age of compressors/condensers:       Age of brine pump: | | | | | | | | | | | |
| Do you have any spectator seating?  Yes  No Maximum Seating? | | | | | | | | | | | |
| Do you have the following:  Rink Rules Posted?  Yes  No  Skaters’ Code of Conduct posted?  Yes  No  Safety Inspection Checklist  Yes  No  Skate Maintenance Log?  Yes  No  Ice Resurfacing Log?  Yes  No  Video Surveillance?  Yes  No | | | | | | | | | | | |
| Describe areas of coverage for video surveillance: | | | | | | | | | | | |
| Please describe regular maintenance on rink: | | | | | | | | | | | |
| Please describe preventative maintenance procedures for chillers, brine pump, compressors, and condensers: | | | | | | | | | | | |
| Do you document this maintenance in writing?  Yes  No If yes, describe: | | | | | | | | | | | |
| Does the rink have a Certified Ice Technician (CIT) on staff, or have any staff member completed any of the following courses: Basic Arena Refrigeration (BAR), Ice Maintenance and Equipment Operations (IMEO)?  Yes  No | | | | | | | | | | | |
| Have you installed a fire alarm?  Yes  No | | | | | | | | | | | |
| Have you installed a burglar alarm/motion detector?  Yes  No | | | | | | | | | | | |
| Do you have outside security?  Yes  No  If so, how many?       Are they armed?  Yes  No | | | | | | | | | | | |
| Do you have certified first aid personnel?  Yes  No  CPR  First Aid Number per session: | | | | | | | | | | | |
| Do you have an AED?  Yes  No Number of personnel trained to use: | | | | | | | | | | | |
| Do you have a deep fryer or a grill?  Yes  No  If yes, is it approved by the Fire Marshall?  Yes  No | | | | | | | | | | | |
| How often is the system cleaned? | | | | | | | | | | | |

### ICE RESURFACING EQUIPMENT:

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| Year Make RC Value Fuel Source |
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| 1. |
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| 2. |

AIR QUALITY (Gasoline & Propane Equipment)

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| Is ice resurfacer (zamboni) regularly maintained?  Yes  No  Please describe: |
| Does rink have carbon monoxide testing equipment?  Yes  No  If yes, what type?  Hand Held  Hard Wired  Portable |
| How often is air quality tested? |
| Fresh air intakes are not blocked and are not near areas where exhaust can enter from outside  vehicles?  Yes  No |
| Does all equipment meet EPA emissions standards?  Yes  No |
| Does rink have a written policy / procedure in place in the event emissions exceed permissible levels?  Yes  No |
| Has the rink ever had an air sickness incident?  Yes  No  If yes, please provide details: |

#### Rink Use Information

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| Do you obtain waivers specific to your facility for ALL participants in athletic activities (including dry floor activities and activities sponsored by other organizations)?  Yes  No | |
| Maximum # of skaters per skate guard: |  |
| Are rink guards equipped with a radio and a whistle?  Yes  No | |
| Are rink guards outfitted with an easily identifiable uniform?  Yes  No | |
| What type of training do rink guards receive? (e.g. positioning and patrolling methods, incident response) | |
| Do you have skating competitions?  Yes  No  If yes, are there sponsoring or sanctioning organizations?  Yes  No  If yes, please provide names: | |
| Do you have any of the following or conduct the following on your premises?  Travel Hockey   Yes  No  In-House Leagues   Yes  No  Speed Skating   Yes  No  Broomball   Yes  No  Roller Skating – In-line   Yes  No Roller Skating - Quads  Yes  No  Exercise/Dance   Yes  No  Equipment Sales   Yes  No  Equipment Rental   Yes  No  If yes, equipment is rented for use:  On Premises  Outside of rink  Equipment Repair   Yes  No  Day Care   Yes  No  Laser Tag   Yes  No  Fitness Center   Yes  No  Soccer or other sports   Yes  No  Dry floor events   Yes  No If yes, describe:  Other Activities   Yes  No  If other, please explain: | |
| Do you conduct off-premises events?  Yes  No  If yes, describe: | |
| Do you provide bus, car or other transportation services?   Yes  No | |

### Staffing Information

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| Total number of staff: | Full time (40 hours): | Part time: | |
| Minimum age of skate guards: | | | |
| Are instructors/coaches:  Employees  Independent Contractors (If so, attach contract) | | | |
| Do you utilize volunteers?  Yes  No  If yes, please describe: | | | |
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| **ABUSE AND MOLESTATION**  ***(Please complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote for Abuse and Molestation Coverage please skip this section and continue to the next section.)*** | | | |
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| 1. Does the insured have custodial responsibility for minors?  Yes  No If yes, is abuse coverage desired?  Yes  No | | | |
| 2. Do your employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse offenses?  Yes  No  If yes, what is the process for dealing with a "yes" answer? | | | |
| 3. (a) Does your state permit you to do criminal background checks on:  Yes  No Employees?  Yes  No Volunteers?  (b) If yes, do you routinely request and receive such background information on all  individuals who will have contact with minors?  Yes  No | | | |
| 4. (a) Do you verify employment-related references for employees?  Yes  No  (b) Do you verify employment-related references for volunteers?  Yes  No | | | |
| 5. (a) Do you conduct a personal interview for employees?  Yes  No  (b) Do you conduct a personal interview for volunteers?  Yes  No | | | |
| 6. Do you have a written set of procedures for screening employees and volunteers?  Yes  No  If yes, please forward. If no, please describe your screening process. | | | |
| 7. Do you have an Abuse / Molestation Policy with regard to sexual abuse?  Yes  No  If yes, please indicate how it is provided to your employees/volunteers. | | | |
| 8. Do you have written procedures for dealing with allegations of sexual abuse?  Yes  No  If yes, please forward. If no, please describe what your current response would be. | | | |
| 9. Describe how your organization supervises employees and volunteers having custody of children. | | | |
| 10. (a) Has your organization ever had an incident which resulted in an allegation of sexual  abuse?  Yes  No  If yes, please describe your organization's response to the allegation.  (b) Was a claim made against the organization or an individual within the organization?  Yes  No  When did the alleged incident(s) occur?  (c) Was the case taken to trial?  Yes  No  Civil  Criminal  (d) What was the disposition of the case? | | | |
| 11. Regarding coverage for abuse and molestation, does your current insurance program:  Yes  No Exclude coverage?  Yes  No Limit coverage (please forward a copy of the endorsement)?  Yes  No Neither exclude nor limit coverage? | | | |
| 12. Please indicate age range of minors in your care or under the supervision of your employees or volunteers at any time. | | | |
| 13. Please describe your current and/or planned operations that involve the custodial care of minors.  Is hired auto physical damage to be covered?  Yes  No | | | |
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| **AUTO EXPOSURE** | | | |
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| 1. Complete the following chart:  Seeking Quote Insured Elsewhere No Exposure  A. Owned or Long-Term Leased Vehicles  B. Hired and/or Non-owned Vehicles  C. Garagekeepers Liability (e.g. Valet Parking)    Note:   * If seeking coverage for A. or C., provide the completed and signed ACORD Auto (including Auto Schedule) and/or Garagekeepers applications. * If you purchase coverage for owned vehicles through another company, we cannot offer non-owned or hired auto coverage. Please add it to your existing Commercial Auto policy. | | |
| 2. Do you use hired, borrowed, or short-term leased vehicles for business and are seeking  a quote?  Yes  No  If yes, answer the following:  Provide the approximate cost of hire for all hired/leased (short-term) vehicles during the policy period: $  Do you purchase coverage through the rental agency when you rent vehicles?  Yes  No  Is hired auto physical damage to be covered?  Yes  No | | |
| 3. Do employees or volunteers use personal vehicles for company business?  Yes  No  If yes, answer the following:  How many employees/volunteers use their personal vehicles for company business?  How often:  Daily  Weekly  Monthly  Other:  Describe the activities for which an employee/volunteer would use a personal vehicle for company business.  Do you verify that personal auto insurance is in place before employees can use their autos  for company business?  Yes  No | | |
| 4. Driver Screening and Training  Do you have a driver safety/training program?  Yes  No  Do you require proof of valid drivers’ license for anyone who drives on company business?  Yes  No  What is the minimum age for driving on company business?       years  Do you review Motor Vehicle Reports for those who drive on company business?  Yes  No  If yes, how often?  Annually  Every Other Year  Other:  If yes, what criteria renders an individual ineligible to drive on company business? | | |
| 5. Do you provide the following services?  Valet Service  VIP parking/storage  Neither  If you provide either or both services, answer the following:  Are the vehicles driven onto public roads or do they remain on premises only?  On premises only  Driven on public roads  Do you have a key control system?  Yes  No  Does security monitor the areas where vehicles are parked?  Yes  No | | |
| 6. Do you provide shuttle services for patrons?  Yes  No  If yes, answer the following:  Are shuttle drivers required to carry a CDL?  Yes  No  If off-premises, distance traveled: | | |
| 7. Do you utilize courtesy vehicles?  Yes  No  If yes, provide a copy of the contract with the vehicle owner(s). | | |
| 8. Do you hire bus transportation?  Yes  No  If yes, answer the following:  Do you obtain additional insured status from the bus company?  Yes  No  If yes, what limit of insurance do you require? $  Provide a copy of the contract with the bus company. | | |
| 9. Do you provide transportation to players/athletes/members?  N/A  Yes  No  If yes, do you use a hired transportation company that supplies the driver?  Yes  No  If no, how do you provide transportation? | | |
| 10. Answer the following only if seeking a quote for owned or long-term leased vehicles:  Are there protections in place at the area where the vehicles are stored?  Yes  No  If yes, describe:  Is there a concentration of values exposed to a common loss at any time?  Yes  No  If yes, describe: | | |
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| **CONSTRUCTION/RENOVATION** | | | |
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| 1. Do you expect any construction, renovation, additions, or repair work (other than regularly  scheduled maintenance) at your facility during the policy period?  Yes  No  If yes:  Who will perform the work?  Employees  Contractor  Please describe the work or project: | | | |
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| **EMERGENCY RESPONSE PLAN** | | | |
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| 1. Do you have an Emergency Response Plan?  Yes  No | | | |
| 2. How often is the plan updated? | | | |
| 3. What year was the plan last updated? | | | |
| 4. Do you review the plan with employees?  Yes  No | | | |
| 5. What frequency is the plan reviewed with employees? | | | |
| 6. Do you have an active shooter plan?  Yes  No | | | |
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| **EMPLOYEE BENEFITS LIABILITY**  Is Employee Benefits Liability coverage desired?  Yes  No  ***If yes, please complete the following section.*** | | | |
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| 1. Number of employees: | | | |
| 2. Retroactive Date: | | | |
| 3. Has Employee Benefits Liability coverage been continuously in force since the retroactive date?  Yes  No | | | |
| 4. On optional enrollment items, is a signed acceptance/rejection page collected?  Yes  No  If yes, is the signed acceptance or rejection retained in the employee’s personnel file?  Yes  No | | | |
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| **FIREWORKS/PYROTECHNICS** | | | |
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| 1. Are pyrotechnics or fireworks displayed at any of your operations/events?  Yes  No  If yes, is excess pyrotechnics/fireworks coverage desired?  Yes  No  **If coverage is desired, please complete the Pyrotechnics Supplemental Questionnaire.** | | | |
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| **LIQUOR LIABILITY**  Do your operations include the sale or distribution of alcoholic beverages?  Yes  No  **If yes, please complete the following section.** | | | |
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| 1. Location(s) where alcohol will be served:  Hours of Operation: | | | |
| 2. When is alcohol served?  Year-round  Event specific  If event specific, is alcohol service stopped at least ½ hour prior to the end of the event?  Yes  No | | | |
| 3. Type of Beverage sold:  Beer/Wine  Mixed Drinks  Hard Liquor | | | |
| 4. Receipts (complete all that apply):  Applicant’s gross sales from alcohol:  If sold by a concessionaire/subcontractor/vendor, how much compensation does applicant receive?  Value of compensated/free alcohol (including “free” beverage tickets): | | | |
| 5. Will alcohol be served:  Directly by the insured’s employees/volunteers?  Through a concessionaire/subcontractor/vendor?  If through a concessionaire/subcontractor/vendor, does this entity provide a certificate of  insurance naming you as an additional insured including liquor liability?  Yes  No  If alcohol is served directly by the insured’s employees/volunteers:  Name on liquor license:  License #:  Class of License: | | | |
| 6. Do ALL servers receive alcohol awareness training?  Yes  No  Please indicate which training program is utilized (SAFE, TIPS, etc.). | | | |
| 7. Management Practices:  Do you have a system for monitoring compliance with alcohol serving practices for all  individuals who have responsibility for serving alcohol?   Yes  No  If yes, please describe the system.  Do you have a system to ensure alcohol awareness training requirements are current for  all individuals who have responsibility for serving alcohol?  Yes  No  Do you take disciplinary action up to and including termination for any individuals who  violate your alcohol serving policies?  Yes  No  If yes, please describe. | | | |
| 8. Explain process for checking ID’s (e.g. everyone is checked, only those appearing to be 30 or younger, etc.). | | | |
| 9. Has applicant’s liquor license ever been revoked or suspended?  Yes  No  If yes, please explain: | | | |
| 10. Has the applicant incurred claims for liquor liability during the last five years?  Yes  No If yes, please explain: | | | |
| 11. Has any insurer cancelled or non-renewed coverage during the last five years?  Yes  No  If yes, please explain: | | | |
| 12. Has the applicant ever been fined by an alcoholic beverage control or other governmental entity?  Yes  No  If yes, please explain: | | | |
| 13. Is bring your own bottle (BYOB) allowed?  Yes  No | | | |
| 14. Is the alcohol service:  Contained within one fixed site  Booths/stands throughout the event site | | | |
| 15. Is there a limit placed on the quantity of alcoholic beverages purchased at one time?  Yes  No  If yes, please describe: | | | |
| 16. Do you maintain security personnel at the site of alcohol service?  Yes  No | | | |
| 17. Do you exercise the right of search and seizure?  Yes  No | | | |
| 18. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?  Yes  No | | | |
| 19. Is there any type of designated driver program in place?  Yes  No | | | |
| 20. Are rules/regulations clearly displayed?  Yes  No | | | |
| 21. Is food service available to patrons consuming alcohol?  Yes  No | | | |

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Date Signature of Insured Title

Send completed form along with referenced ACORD application(s) to:

**American Specialty Insurance & Risk Services, Inc.**

**7609 W. Jefferson Boulevard, Suite 100**

**Fort Wayne, IN 46804**

**Phone: (800) 245-2744**

# E-mail: [apply@americanspecialty.com](mailto:apply@americanspecialty.com)