

JBL Trinity Group, Ltd.

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JBL Trinity West, Ltd.

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RSA INSURANCE PROGRAM GENERAL LIABILITY - RENEWAL APPLICATION



Please complete a separate application for each rink.

RSA Member #: _____ **RSA Membership is mandatory to remain in The Program.**

1. Legal Name of Rink: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Rink Location Address: _____
City: _____ State: _____ Zip: _____
2. Rink Number: (____) _____ Fax Number: (____) _____
Office Number: (____) _____ Home Number: (____) _____
Mobile/Cell Number: (____) _____ Email/Website Address: _____
3. Have you attended an RSA Insurance Program Risk Management Seminar? Yes No
Have you utilized any of the RSA Risk Management Forms, Incident Reports, etc.? Yes No
4. Do you have a videotape monitoring system installed in the rink? Yes No
Which areas are RECORDED? Skate Floor Snack Bar Parking Lot Off-Area Arcade
How many cameras? _____ How long are tapes kept? _____
5. Is rink utilized / rented out for non-skating activities? Yes No
If Yes, list events: _____
Is there a written contract between the rink and the party utilizing the facility? Yes No
Do you obtain a certificate of insurance from the party utilizing the facility? Yes No
6. Have you developed printed job descriptions or an employee manual? Yes No Verbal
**** YOU MUST ATTACH A COPY OF THE MANUAL. IF VERBAL, ATTACH WRITTEN DETAILS. ****
7. Have you developed a crowd control / security plan? Yes No Verbal
**** YOU MUST ATTACH A COPY OF THE PLAN. IF VERBAL, ATTACH WRITTEN DETAILS. ****
8. Have you developed a life safety / evacuation plan? Yes No Verbal
**** YOU MUST ATTACH A COPY OF YOUR PLAN. IF VERBAL, ATTACH WRITTEN DETAILS. ****
9. Do you number your skates? Yes No Do you keep a skate maintenance log? Yes No
**** WE RECOMMEND NUMBERING SKATES FOR EASY IDENTIFICATION IN THE EVENT OF AN INJURY. ****

(OVER)

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10. How long do you maintain your "paper trail" for incidents, accidents and supporting documentation (i.e. daily, session, monthly, skate logs, etc.)? 1 Year 2 Years ___ Years Not at all

11. Please list the days of the week and times of day the **owner/operator** is on premises to manage the facility: _____

12. Describe how injuries are handled at your facility and by whom? _____

13. Who is the person responsible for loss control, maintenance and repair of the premises?
 Name: _____ Phone Number: (____) _____
 Relationship to insured: Rink owner/operator Landlord Manager Employee

14. TOTAL ANNUAL GROSS RECEIPTS: \$ _____

Annual Gross Receipts Breakdown:

Activity	Receipts (\$)	Activity	Receipts (\$)
General Admissions:		Extreme Skate/Skateboarding:	
Skate Rental:		Laser Tag:	
Lessons:		Bingo:	
Food/Snack Bar:		Inflatable Rental:	
Arcade:		Soft Play:	
Pro Shop/Stuff Shop:		Amusements **	
Alcohol:		Other: _____	
Birthday/Private Parties:		* Hockey Admissions:	
Dances:		* Figure/Speed	
<input type="checkbox"/> Day Care <input type="checkbox"/> Kinderskate:		* Competitive Events	
<input type="checkbox"/> Strollerskate <input type="checkbox"/> Scooter skate:		* YOU MUST ATTACH SANCTION CARD, CERTIFICATE OF INSURANCE, SAMPLE RELEASE & WAIVER	

**** Please list amusements:** _____

15. Any changes in the operations or building? Yes No If YES, please explain: _____

Applicant's signature below hereby acknowledges and accepts that the total cost of the insurance for this program may include certain costs above and beyond the premium-related charges, and are renewable yearly. Applicant further acknowledges that this is an auditable policy, subject to receipt verification.

Rink Contact Name: _____ Title: _____

Signature: _____ Date: _____

Any person who knowingly and with the intent to defraud any insurance company or other persons, or 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, subject to criminal prosecution and civil penalties.