

# JBL Trinity Group, Ltd.

17 State Street, 16th Floor, New York, NY 10004  
Phone: 1-800-925-RINK Fax: 1-212-425-6760

# JBL Trinity West, Ltd.

P.O. Box 7284, Edmond, OK 73083-7284  
Phone: 1-888-302-6330 Fax: 1-405-216-8228

## SKATEBOARDING / EXTREME SKATING

### APPLICATION FOR LIABILITY INSURANCE

Please PRINT legibly in blue or black ink, or TYPE.

#### GENERAL INFORMATION

Corporate name of facility: \_\_\_\_\_  
 Operating name of facility (dba): \_\_\_\_\_  
 Location address: \_\_\_\_\_ Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Facility phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Office phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_

#### BUSINESS INFORMATION

Is this a new operation?  Yes  No Number of years in business at this location: \_\_\_\_\_  
 Entity type:  Individual  Partnership  Corporation  Other \_\_\_\_\_  
 Social Security or Corporate Tax I.D. Number: \_\_\_\_\_  
 Do you  own or  lease the premises?  
 Are you a member of an association?  Yes  No If yes, please list: \_\_\_\_\_  
*The following information needs to be filled out for each owner and manager. Attach paper if needed.*  
 Owner Name: \_\_\_\_\_ Manager Name: \_\_\_\_\_  
 Years experience in this industry: \_\_\_\_\_ Years experience in this industry: \_\_\_\_\_  
 Experience as:  
 Manager # years: \_\_\_\_\_  Manager # years: \_\_\_\_\_  
 Employee # years: \_\_\_\_\_  Employee # years: \_\_\_\_\_  
 Owner # years: \_\_\_\_\_  Owner # years: \_\_\_\_\_  
 Participant # years: \_\_\_\_\_  Participant # years: \_\_\_\_\_  
 (Please provide resumes for owner and co-managers if this is a new venture.)

#### PRIOR INSURANCE INFORMATION

Current insurance carrier: \_\_\_\_\_  No insurance at this time  
 Current limits: \_\_\_\_\_ Current deductible: \_\_\_\_\_ Premium: \_\_\_\_\_  
 Policy expiration date: \_\_\_\_\_ Has insurance ever been cancelled or non-renewed?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Please describe liability losses for the last five years, including date of loss, and payout. Attach more paper as needed.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## PHYSICAL FACILITY INFORMATION

The following are required at this facility:       helmets       knee pads       elbow pads       wrist guards

Activities:       inline skating       roller skating       skateboarding       extreme skating

Are there separate sections for each of these activities?       Yes       No

If no, are there separate times for each activity?       Yes       No

If yes, please list times and days for each:

Inline Skating: \_\_\_\_\_

Roller Skating: \_\_\_\_\_

Skateboarding: \_\_\_\_\_

Extreme Skating:

Is this facility       indoors      or       outdoors?

What are the complete hours of operation? \_\_\_\_\_

What are the months of operation?       Year Round      or       Seasonal      \_\_\_\_\_ to      \_\_\_\_\_

What type of equipment do you have (i.e. ramps, half-pipes, etc.) \_\_\_\_\_

What is the composition of this equipment? \_\_\_\_\_

What is the height of the equipment? \_\_\_\_\_

Please provide details on the number, types, height and sizes of wood and coping composition of all pieces of equipment, including brackets utilized and types of screws for surface and structure: \_\_\_\_\_

Please provide details as to facility equipment preparation (i.e. "sugar water" etc.): \_\_\_\_\_

Are patrons required to sign waivers?       Yes       No

*All items need to be included with this application, if at all possible.*

- Please provide a copy of all releases and waivers utilized, and any other forms signed by patrons.
- Please provide a copy of the Membership Booklet.
- Please provide a complete set of photographs of all equipment and entire facility
- Please provide photographs of signage and postings within the facility, including rules of conduct, safety wear, general rules, and assumption of risk.
- Please provide a layout of the facility.
- Please provide a copy of the inspection log by piece of equipment, as well as entire facility. Detail items checked upon each inspection.
- Please provide inspection logs / maintenance logs of equipment structures, sub-structures, and anticipated replacement / maintenance decking of equipment.

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## EMPLOYEE INFORMATION

Number of full-time employees: \_\_\_\_\_ Number of part time employees: \_\_\_\_\_

Minimum age of attendants: \_\_\_\_\_

\*  Please provide a copy of the "Floor Guard" training materials / orientation.

Who determines skill levels of all patrons? \_\_\_\_\_

Are lessons provided?  Yes  No

If yes, by whom? \_\_\_\_\_

Please provide qualifications: \_\_\_\_\_

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## FINANCIAL INFORMATION

Estimated annual gross receipts: \_\_\_\_\_

Estimated annual attendance: \_\_\_\_\_

Limits of liability insurance requested: \_\_\_\_\_ Deductible: \_\_\_\_\_

Effective date of coverage: \_\_\_\_\_

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## ADDITIONAL INSURED INFORMATION

Please list the name, address, phone number and financial interest of any party requiring evidence of insurance. Please list as AI (Additional Insured) or CH (Certificate Holder): \_\_\_\_\_

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**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.**

### WARRANTY

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 herein. If at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THIS CERTIFICATE/POLICY SHALL, without notice to applicant, immediately and automatically cease, and the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy, if issued.

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**SIGNATURE OF APPLICANT (mandatory)**

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(Please type or print name)

Title

Date

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Signature of producer completing application - if appropriate)