



Phone: (804) 354-9020  
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## Ice Rink Application

### I. General Information

Ice Rink Legal Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Rink Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Type of Business (corporation, LLC, non-profit, etc.): \_\_\_\_\_  
FEIN: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
Contact name: \_\_\_\_\_ Website: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Person Responsible for Day to Day activities: \_\_\_\_\_  
Years and Type of Experience: \_\_\_\_\_  
\_\_\_\_\_

### II. Policy and Coverage Information

Coverages requested:  
General Liability ☐ Accident Medical ☐ Property: ☐  
Boiler & Machinery ☐ D&O ☐ Other: \_\_\_\_\_  
Current Liability Carrier: \_\_\_\_\_  
Current Annual Premium: \_\_\_\_\_  
Do you carry Participant Accident (Excess Medical coverage) for your participants? \_\_\_\_\_  
If yes, for all or some participants? \_\_\_\_\_  
Has any insurance company canceled or non-renewed coverage? \_\_\_\_\_  
Have you had any losses in the previous 5 years? If so, please provide details: \_\_\_\_\_  
\_\_\_\_\_

### III. Revenue and Activity Information\*

Revenue	
Total Annual Revenue:	\$
In-House Leagues	\$
Lessons/Camps/Clinics	\$
Ice-Rentals	\$
Tenant or Lease Income	\$
Open Skating	\$
Events/Shows/Competitions	\$
Skate Sharpening	\$
Skate & Equipment Rentals	\$
Pro Shop Sales	\$
Concession/Restaurant	\$
Sponsorship	\$
Other Income	\$

\*Revenue information is not required if a detailed Profit & Loss/Income Statement is provided.

<b>Sports/Activity Info: Please check all that apply</b>	
Recreational Hockey	<input type="checkbox"/>
Travel Hockey	<input type="checkbox"/>
Semi-Pro or Pro Hockey	<input type="checkbox"/>
Fitness	<input type="checkbox"/>
Birthday Parties	<input type="checkbox"/>
Corporate Parties	<input type="checkbox"/>
Speed skating	<input type="checkbox"/>
Broomball	<input type="checkbox"/>
Other Sports	

#### **IV. Rink/Building Information**

1. Do you own or lease your Rink? \_\_\_\_\_
2. Total square footage: \_\_\_\_\_
3. # of indoor skating surfaces: \_\_\_\_\_
4. # of outdoor surfaces: \_\_\_\_\_
5. Height of boards/glass at sides: \_\_\_\_\_
6. Height at boards/glass at ends: \_\_\_\_\_
7. Does the netting extend to the roof? \_\_\_\_\_
8. Surface composition under ice: \_\_\_\_\_
9. Type of other floor surfaces: \_\_\_\_\_
10. Date floors were last resurfaced: \_\_\_\_\_
11. What type of seating do you have? \_\_\_\_\_
12. What is the maximum capacity of the building at one time? \_\_\_\_\_
13. What type of cooking surfaces do you have? \_\_\_\_\_
14. Year building built: \_\_\_\_\_
15. If over 25 years old, year updated: Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ HVAC: \_\_\_\_\_
16. Distance to Fire Hydrant: \_\_\_\_\_ % Sprinklered: \_\_\_\_\_
17. Do you have a Central Fire Alarm? \_\_\_\_\_ Central Burglar Alarm? \_\_\_\_\_
18. Name of monitoring company: \_\_\_\_\_
19. Type of Building construction: \_\_\_\_\_
20. Replacement Cost of building: \_\_\_\_\_
21. Value of Ice Making/HVAC equipment: \_\_\_\_\_ Included in Building value? \_\_\_\_\_
22. Contents/Business Personal Property Replacement Cost: \_\_\_\_\_

#### **V. Rink & Risk Management**

1. Do you lease/sublease to any tenant? \_\_\_\_\_
2. Do you rent to other groups (parties, special events, shows, pro/semi-pro teams)? \_\_\_\_\_
  - a. If yes, do you collect certificates of insurance that name the Rink as additional insured? \_\_\_\_\_
3. Do any of your leagues, instructors, or events have coverage elsewhere (i.e. USA Hockey)? \_\_\_\_\_
  - a. If yes, where is coverage obtained? \_\_\_\_\_
4. What activities do you subcontract out (ice maintenance, concessions, skate sharpening, skate rental, security, janitorial)? \_\_\_\_\_
5. Are certificates of insurance collected? \_\_\_\_\_
6. List all organizations that Rink is a member of: \_\_\_\_\_
7. Describe any events at offsite locations? \_\_\_\_\_
8. Does the Rink rent or repair sports equipment? \_\_\_\_\_
9. Are staff members trained in CPR and first aid? \_\_\_\_\_

10. Do you have a defibrillator? \_\_\_\_\_
11. Describe medical and first aid facilities: \_\_\_\_\_
12. Are players, refs, scorekeepers and coaches required to wear protective equipment during practices & games? \_\_\_\_\_
13. Is a log kept of all incidents/injuries that are reported? \_\_\_\_\_
14. Do you have written emergency procedures? If yes, please attach. \_\_\_\_\_
15. Does the GM or any other employees take continuing education classes with respect to Rink Management & Risk Management? If yes, through what organization? \_\_\_\_\_
16. Are rink rules posted and enforced? \_\_\_\_\_
17. Are all participants required to sign a Waiver and Release of Liability? \_\_\_\_\_
18. If no, under what circumstances are waivers not required? \_\_\_\_\_
19. How often are waivers collected (initial visit, annually, start of each league)? \_\_\_\_\_
20. How long are waivers kept on file? \_\_\_\_\_
21. Are facility inspections (including restrooms, ice quality, parking lots) done regularly \_\_\_\_\_
22. Is a log kept of rink inspections and maintenance (including resurfacing) performed? \_\_\_\_\_
23. Describe ice maintenance procedures: \_\_\_\_\_
24. How often is air quality checked? \_\_\_\_\_
25. Is any part of the facility, other than parking lot, accessible by the public after hours? \_\_\_\_\_
26. Is the parking lot well-lighted and patrolled? \_\_\_\_\_
27. Do you have video camera surveillance? \_\_\_\_\_
28. Do you have an employee manual? \_\_\_\_\_
29. Are any referees or coaches employees of the rink? \_\_\_\_\_
30. Do you have any volunteers? If so, in what capacity (score keepers, coaches, etc.)? \_\_\_\_\_
31. Do you need to name any other entity as additional insured? If so, please describe each entity's relationship to the rink (landlord, bank, etc.). \_\_\_\_\_

#### **VI. For Abuse & Molestation coverage, please complete the following section**

1. Does your employment and volunteer application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses? \_\_\_\_\_
2. Do you routinely request and receive background investigations on employees? \_\_\_\_\_
  - a. For your coaches? \_\_\_\_\_
3. Do you discuss (at staff/volunteer orientations) child/sexual abuse, including how to recognize the signs, what to do if a member reports someone molested him/her, etc. at staff orientations? \_\_\_\_\_
4. Do you have a written crisis management plan in place for dealing with members, employees, victims, parents, authorities and media if you have an incident of abuse? \_\_\_\_\_
5. Have you ever had an incident which resulting in an allegation of physical or sexual abuse? \_\_\_\_\_
6. If yes, please describe the allegation in full: \_\_\_\_\_
  - a. What was the outcome of the claim? \_\_\_\_\_
  - b. If damages were paid, what was the total amount? \_\_\_\_\_

#### **VII. For Hired and Nonowned Auto Liability, please complete the following section**

1. Do you have any company owned automobiles? \_\_\_\_\_
2. Do you allow employees to use their own personal vehicles for your business purposes? \_\_\_\_\_
  - a. How many employees use their own personal vehicles? \_\_\_\_\_
  - b. How often? \_\_\_\_\_

- c. Do you obtain Motor Vehicle Reports? \_\_\_\_\_
- d. What auto limits do you require employees to carry? \_\_\_\_\_
3. Does your facility transport participants (for camp, leagues or other activities)? \_\_\_\_\_
4. What is the approximate cost of hire for all hired & leased autos during the policy period: \$ \_\_\_\_\_

**VIII. For Employee Benefits Liability, please complete the following section**

1. What types of Benefit Programs are offered to employees (i.e., Group Life, Group Health, 401K)? \_\_\_\_\_
2. Number of employees under Employee Benefit Program: \_\_\_\_\_
3. Are employees required to sign a form accepting or rejecting a benefit program that is offered? \_\_\_\_\_
4. Who discusses the benefit plans with the employees? \_\_\_\_\_

**IX. Additional Items**

- |  |                          |
|--|--------------------------|
| Loss Runs (5 years if applicable)            | <input type="checkbox"/> |
| Profit and Loss/Income Statement             | <input type="checkbox"/> |
| Emergency Procedures                         | <input type="checkbox"/> |
| Rink Rental/Use Agreement                    | <input type="checkbox"/> |
| Lease Agreement with landlord                | <input type="checkbox"/> |
| Certificates of Insurance from tenants       | <input type="checkbox"/> |
| Pictures of Rink if not available on website | <input type="checkbox"/> |

**Fraud Warning:**

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Monument Sports Contact Information:**

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