



SKATEBOARD/IN-LINE SKATING PARK SUPPLEMENT APPLICATION

Do Not Use for Contracting or Manufacturing Risks
Use Specific Applications Available

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant** (And all Subsidiaries):

2. **Mailing Address:**

Website Address:

3. Park Name (if different than Business Name):

4. Park Address:

5. Experience of management and staff:

Physical Description of Premise

6. What year was park built/erected:

7. Indicate where facility is located?

 Indoors Outdoors

8. Was park designed and build accordingly to safety standards?

 Yes No

9. Any modification to the park/runs since it was built?
If Yes, please describe:

 Yes No

10. Description of park (including terrain, fencing, obstacles, etc.):

Number of runs: _____

11. Do the runs accommodate different degrees of difficulty for beginners, intermediate and advanced skaters? Yes No

12. Are the runs clearly marked with signs or by colored borders to indicate, level of difficulty? Yes No

13. Does the park display and enforce a set of safety and conducts rules? Yes No

14. Is a waiver signed by all participants or their legal guardians?
Please provide a sample copy. Yes No

15. Does the park have a well-qualified, experienced skate patrol? Yes No

16. Are regular inspections made of the grounds and runs?
How often? Yes No

17. Is night skating allowed? Yes No

18. Is sufficient lighting provided? Yes No

19. Are runs surrounded by Walkway Netting Fencing
 Other – Describe: _____

20. If spectators allowed in the skating area, are they protected from flying objects? Yes No

21. Are skaters protected from interference and distraction by spectator? Yes No

22. Are modified skateboards allowed? Yes No
23. Does the park sponsor competition, especially those with acrobatic events?
Provide complete details and dates: Yes No
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24. Does the park require and enforce wearing of full protective gear by all participants/skaters? Yes No

25. Number of staff members, per shift? _____

26. Do staff members wear special clothing for easy identification and carry a first aid kit each of the runs? Yes No

27. Are all staff members required to be First Aid Certified? Yes No

28. Are staff members trained on procedures on how to handle disturbances, expel unruly patrons from the park or to revoke their skating privileges without undue force? Yes No

29. Any rental of equipment?
If Yes, what are rental receipts? _____ Yes No

30. Are skateboard and gear thoroughly inspected before and after rental? Yes No

31. If any repairs are done on premises, are the people qualified and experienced? Yes No

32. Is there a pro shop? Yes No

Operated by: Risk Others

If by Risk, what are the sales for this operation? _____

If by Others, is a Certificate of Insurance and Additional Insured Certificate obtained? Yes No

Is there a snack or refreshment shop? Yes No

Operated by: Risk Others

If by Risk, what are the sales for this operation? _____

If by Others, is a Certificate of Insurance and Additional Insured Certificate obtained? Yes No

33. Any other exposures on premises?
If Yes, please explain in detail:

Yes No

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**