



**Pennock Insurance, Inc.**

2 Christy Drive, Suite 100  
Chadds Ford, PA 19317

1.800.662.5182 Call  
484.631.0816 Fax  
pennockins.com

**Skateboard/In-Line Skating Parks Supplemental Application**

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

**PHYSICAL DESCRIPTION OF PREMISES**

1. Park Name (if different than Business Name) _____
2. Experience of management and staff: _____
3. What year was park built / erected? _____
4. Indicate where facility is located. .... <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
5. Was park designed and built according to safety standards? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Any modification to the park/runs since it was built? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what? _____
7. Describe park (including terrain, fencing, obstacles etc.). _____ _____
8. Number of runs? _____
9. Do the runs accommodate different degrees of difficulty for beginners, intermediate and advanced skaters? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are the runs clearly marked with signs or by colored borders to indicate level of difficulty? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the park display and enforce a set of safety and conduct rules? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does the park have a well-qualified, experienced skate patrol? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are regular inspections made of the grounds and runs? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____
14. Is night skating allowed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is sufficient lighting provided? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are runs surrounded by? ..... <input type="checkbox"/> walkway <input type="checkbox"/> netting <input type="checkbox"/> fencing <input type="checkbox"/> Other (describe) _____
17. If spectators allowed in the skating area, are they protected from flying objects? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

**PHYSICAL DESCRIPTION OF PREMISES (Continued)**

18. Are skaters protected from interference and distraction from spectators? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are modified skateboards allowed? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Does the park sponsor competitions, especially those with acrobatic events? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Must utilize waiver with hold harmless. <b>Attach</b> a copy for our file.)	
Provide complete details and dates. _____	
21. Are boards required to have drag chutes and braking systems? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Does the park require and enforce wearing of full protective gear by all participants/skaters? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Number of staff members, per shift? _____	
24. Do staff members wear special clothing for easy identification and carry a first aid kit at each of the runs? ...	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are all staff members required to be First Aid Certified? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Any rental of equipment? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the rental receipts? _____	
28. Are skateboards and gear thoroughly inspected before and after rental? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. If any repairs are done on premises, are the people qualified and experienced? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Is there a pro shop? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Who operates it? .....	<input type="checkbox"/> Applicant <input type="checkbox"/> Others
b. If by applicant, what are sales for this operation \$ _____	
c. If by others, does the applicant obtain a COI and AI agreement? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is there a snack or refreshment shop? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Operated by: .....	<input type="checkbox"/> Applicant <input type="checkbox"/> Others
b. If by applicant, what are sales for this operation \$ _____	
c. If by others, does the applicant obtain a COI and AI agreement? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. What are the total sales receipts for the park? \$ _____	
33. Any other exposures on premises? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain in detail. _____	

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

_____ Producer's Signature	_____ Date	_____ Applicant's Signature	_____ Date
-------------------------------	---------------	--------------------------------	---------------

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.