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“Professional Insurance Wholesaler”

**SGA'S Family Entertainment Liability Application
 SECTION IX: SGA'S SKATING CENTER SUPPLEMENTAL APPLICATION**

TO BE COMPLETED WITH AN ACORD GENERAL LIABILITY APPLICATION
 (Complete all questions. Indicate "N/A" where applicable. DO NOT LEAVE ANY AREAS BLANK)

GENERAL INFORMATION:

Name of Insured: _____

Doing Business as: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Person: _____ Position of Contact Person: _____

Day phone: () _____ Night phone: () _____ Fax: () _____

Email: _____ Website: _____

TOTAL RECEIPTS:

\$ _____

Type of skating in your facility: { } Ice { } Roller { } In Line

Construction of building: _____ Age: _____ # of stories: _____

Hours of operation: _____ to _____

Facility maximum capacity: _____ # of Party rooms: _____

ARCADES:

Receipts: \$ _____ # of Units: _____ # of Attendants: _____

Does insured _____ Own or _____ Lease games:

Who provides service on machines?: _____

Are all machines properly grounded: { } Yes { } No Type of floor covering?: _____

CONCESSIONS:

Receipts: \$ _____ Square footage: _____

Describe goods sold: _____

Operated by insured or subcontractor?: _____ If sub, attach A/I endorsement:

Is there a grill?: { } Yes { } No Is there a deep fryer?: { } Yes { } No

Automatic ansul system protecting cooking/frying surface?: { } Yes { } No

Hoods/ducts cleaned by contractor: { } Yes { } No _____ Monthly _____ Quarterly

Stands: _____ # Vending machines: _____

Liquor sold?: { } Yes { } No If yes, describe types: _____

Describe liquor-training program: _____

PRO SHOP:

Receipts: _____ Type of goods sold: _____

Do you repair skates (under modification)?: { } Yes { } No

Any modification to equipment? (describe): _____

SKATING:

Receipts from General admission: \$ _____ Skating rentals: \$ _____

League/Clubs: \$ _____ Parties: \$ _____

Lessons: \$ _____ Other: \$ _____

Surfaces: _____ Dimensions: _____

Rules posted prohibiting speed skating, weaving and skating in links of two or more people?: { } Yes { } No

Is there a designated section for beginner and young skaters marked off with rubber cones?: { } Yes { } No

How are shoes kept sanitary?: _____

Describe spectator seating and capacity: _____

Describe plexiglass protection: _____

Ice thickness maintained at 1 ½ to 2 inches?: { } Yes { } No

How monitored?: _____ How often?: _____

Total # Staff: _____ Full Time: _____ Part Time: _____

Skate guards on rink at one time: _____ Maximum skate guard/participant ratio: _____

Describe employee training and emergency procedures: (attach handbook/guidelines): _____

Zamboni machines: _____ Ages: _____ # Approved operators: _____

Type of fuel: _____ Frequency of maintenance: _____

**NOTE: APPLICATION MUST BE SIGNED AND DATED BY BOTH AGENT AND INSURED!
THIS APPLICATION BECOMES A PART OF THE POLICY**

By signing the application, the undersigned declares all statements set forth and herein to be true, complete and accurate. Also, the undersigned hereby declares that any knowledge of an event which would alter the information herein will be reported in writing to the insurer at the earliest opportunity. It is understood and agreed that the completion and submission of this application shall not be binding to the prospective insured or Company until coverage is bound by the Company.

Applicant: _____ Title: _____ Date: _____

Agent: _____ Title: _____ Date: _____