Community Associations IN-LINE SKATING / SKATEBOARDING OPERATIONS



Name of Insured/Area:		
Location of Operation:		
Receipts generated: \$		
Is this operation concessioned?	Yes	No
Is other insurance available?	Yes*	No
*attach Certificate of Insurance		
Is area named as Additional Insured?	Yes	No
Are releases signed by all participants?	Yes*	No
*attach copy of release		
Furnish 5 years loss information, if any:		
What experience does person in charge of operation have?		
Operations/Procedures Manuals:	Yes	No
Employee Training Program (including experience and age requirements)):	
Where is skating allowed?		
Are trail maps available to mark designated trails / areas?	Yes	No
Are lessons provided?	Yes	No
What controls are in place for this operation?		

Is equipment rented to the public?	Yes	No
Is equipment owned or leased by area?	Yes	No
Are equipment and supplies sold by area?	Yes	No
What maintenance requirements are there for rental equipment?		
Are repairs to equipment done at area?	Yes	No
Are skates inspected before and after use?	Yes	No
Are helmets required?	Yes	No
What other protective equipment is provided?		
Are races, trips or tours sponsored?	Yes	No
What controls are in place?		

Is there a skateboard park operation?	Yes	No
What are the hours of operations?		
Are ramps and features designed to industry standards?	Yes	No
Is the park monitored or supervised?	Yes	No
How is the park secured when closed?		