Community Associations ICE SKATING



Name of Insured/Area:				
Address:				
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		
Furnish 5 years loss information, if any:				
Are releases signed by all participants?	Yes	No (attach copy of release)		
Operations/Procedures Manuals:	Yes	No		
What experience does person in charge of operation have?				

What is the capacity of the rink?						
How is dangerous and reckless behavior controlled?						
Is the rink		Indoors	Outdoors			
If outdoors, is this a	Refrigerated rink	Lake	Pond			
If a lake or pond, how is the ice thickness tested?						
Does the rink include a retail/rental shop	?	Yes	No			
If an outdoor rink, how are skaters kept off inadequately frozen ice?						
Are maintenance records kept for the rin	k?	Yes	No			
Are maintenance records kept for rentals	?	Yes	No			
How often is the ice cleared and resurfaced?						
Are records kept?		Yes	No			
How is the ice resurfaced?						
Are there any First Aid requirements?		Yes	No			
Is the rink rented out to private groups?		Yes	No			
Are there lockers available?		Yes	No			
What is the ratio of skate guards to skate	ers?					
Is ice hockey allowed on the rink?		Yes	No			
Are release of liability forms signed?		Yes*	No			
*please provide a copy						

For Indoor Rinks

Are there leak detection controls for refrigerants?	Yes	No	
Is there indoor air quality testing and monitoring?	Yes	No	
Is there an emergency shut down and evacuation plan?	Yes	No	