Destination Resorts & Hotels 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?				

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 rink? 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
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How is the ice resurfaced?
Are there any First Aid requirements?
Is the rink rented out to private groups?
Are there lockers available?
What is the ratio of skate guards to skaters?
Is ice hockey allowed on the rink?
Are release of liability forms signed?
*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	