ICE RINK INSURANCE QUESTIONNAIRE

SUBMISSION REQUIREMENTS

- Completed and signed ACORD Applicant Information Section 125, ACORD CGL Section 126, and ACORD applications for other requested coverages (e.g., Auto, Crime, Excess Liability, Inland Marine, Property)
- Five years currently-valued insurance company loss runs with description of any claim or reserve in excess of $25,000
- Sub-contractor/independent contractor agreements and/or agreements between the insured and any additional insured.
- Lease agreement with building or premises owner
- Facility agreement (e.g., required of third parties renting your facility)
- Waiver and release of liability form
- Sexual Abuse/Molestation Policy, including written procedures for dealing with allegations of sexual abuse.
- Daily inspection log

GENERAL INFORMATION

1. Name of Insured (Applicant): GLS Associates Inc / Frost Realty Associates I LLC
2. Location/Address (if different from ACORD): See Schedule Hockey Town Loc # 4
3. What is the insured's FEIN number? See Schedule
4. What is the insured's website address? _____
5. Number of years in business? 20
6. Does the insured conduct any other operations under this name? ☐ Yes ☒ No
   If yes, please explain: _____

UNDERWRITING INFORMATION

1. Do you own or lease the premises? ☒ Own ☒ Lease
   If leased, what are the other occupancies/tenants in the building, if any? _____
2. List ice rink associations of which you are a member: ISI ☐ US Ice Rink Association ☐ NEISMA ☒
   Others ☐ If Others, which one(s)? _____
3. List other locations owned or operated: See Schedule
4. Do you run programs in your rink under another business name? ☒ Yes ☐ No
   IF SO, PLEASE PROVIDE NAME(S): Eastern Hockey League

ANNUAL GROSS RECEIPTS BREAKDOWN

A.	**GENERAL ADMISSION:**	
	Open public skate	$ _____
	Skate rental (public)	$ _____
	TOTAL:	$ _____
B.	**RINK SPONSORED:**	
	Recreational group lessons	$ _____
	Figure skating lessons	$ _____
	Hockey lessons	$ _____
	Senior hockey league	$ _____
	Skate sharpening	$ _____
	Skate rental for lessons	$ _____
	Parties	$ _____

	TOTAL:	$ _____
C.	**FACILITY RENTAL:**	
	USA Hockey *	$ 918,000
	U.S. Figure Skating	$ 38,760
	Association (clubs & events)	$ 10,200
	High school and college	$ 57,120
	Non-skating events	$ _____
	TOTAL:	$ **1,024,080**
	* List all USA Hockey Teams/Leagues that skate at your facility:	
	_____	
D.	**OTHER:**	
	Arcade	$ _____
	Concessions	$ _____
	Pro Shop	$ 15,000
	Vending	$ 5,000
	Liquor	$ _____
	Other: Insured Camps	$ 69,360 & $41,616 & Soccer/Lacrosse $100,000/ Adult Hockey$266,220
	TOTAL:	$ **497,196**

PHYSICAL PLANT AND MAINTENANCE INFORMATION

Number of stories: 1.5	Total square footage: _____				
# of Skating surfaces: 2					
Height of boards: 42"	Height of glass at sides: 96"			Height of glass at ends: _____	
Protective netting?	☒ Yes	☐ No	☒ Full	☐ Ends	☐ Other
Surface Composition under ice:	Sand				
Type of other floor surfaces:	_____				
Date these were last resurfaced:	_____				
Is the rink: ☒ Indoor ☐ Outdoor					
Describe how you monitor ice quality:	Logs				
Describe how you secure rink when closed:	Locked				
Age of building: _____	If over 25 years old, year updated: Electrical: _____			HVAC: _____	
Does your rink have a Direct Refrigeration System or an Indirect Refrigeration System? _____					
Age of chiller: _____	Age of compressors/condensers: _____		Age of brine pump: _____		
Do you have any spectator seating? ☒ Yes ☐ No	Maximum Seating? 200				

Do you have the following:

Rink Rules Posted?	☒ Yes ☐ No
Skaters' Code of Conduct posted?	☒ Yes ☐ No
Safety Inspection Checklist	☒ Yes ☐ No
Skate Maintenance Log?	☒ Yes ☐ No
Ice Resurfacing Log?	☒ Yes ☐ No
Video Surveillance?	☒ Yes ☐ No

Describe areas of coverage for video surveillance:
Ice Surface

Please describe regular maintenance on rink: Daily / Weekley / Monthly

Please describe preventative maintenance procedures for chillers, brine pump, compressors, and condensers:
Constant maintenance

Do you document this maintenance in writing? ☒ Yes ☐ No If yes, describe: _____

Does the rink have a Certified Ice Technician (CIT) on staff, or have any staff member completed any of the following courses: Basic Arena Refrigeration (BAR), Ice Maintenance and Equipment Operations (IMEO)? ☒ Yes ☐ No

Have you installed a fire alarm?	☒ Yes ☐ No	
Have you installed a burglar alarm/motion detector?	☒ Yes ☐ No	
Do you have outside security?	☐ Yes ☒ No	
If so, how many? _____ Are they armed?	☐ Yes ☐ No	
Do you have certified first aid personnel?	☒ Yes ☐ No ☐ CPR ☐ First Aid	Number per session: _____
Do you have an AED?	☒ Yes ☐ No	Number of personnel trained to use: _____

Do you have a deep fryer or a grill?	☐ Yes ☒ No
If yes, is it approved by the Fire Marshall?	☐ Yes ☐ No
How often is the system cleaned? _____	

ICE RESURFACING EQUIPMENT:

	Year	Make	RC Value	Fuel Source
1.	**2004**	**Zam**	**75000**	_____
2.	_____	_____	_____	_____

AIR QUALITY (Gasoline & Propane Equipment)

Is ice resurfacer (zamboni) regularly maintained? ☒ Yes ☐ No Please describe: _____
Does rink have carbon monoxide testing equipment? ☒ Yes ☐ No If yes, what type? ☐ Hand Held ☐ Hard Wired ☐ Portable
How often is air quality tested? _____
Fresh air intakes are not blocked and are not near areas where exhaust can enter from outside vehicles? ☐ Yes ☐ No
Does all equipment meet EPA emissions standards? ☒ Yes ☐ No
Does rink have a written policy / procedure in place in the event emissions exceed permissible levels? ☒ Yes ☐ No
Has the rink ever had an air sickness incident? ☐ Yes ☒ No If yes, please provide details: _____

RINK USE INFORMATION

Do you obtain waivers specific to your facility for ALL participants in athletic activities (including dry floor activities and activities sponsored by other organizations)?	☒ Yes ☐ No		
Maximum # of skaters per skate guard: NA			
Are rink guards equipped with a radio and a whistle?	☐ Yes ☐ No		
Are rink guards outfitted with an easily identifiable uniform?	☐ Yes ☐ No		
What type of training do rink guards receive? (e.g. positioning and patrolling methods, incident response) _____			
Do you have skating competitions?	☐ Yes ☒ No		
If yes, are there sponsoring or sanctioning organizations?	☐ Yes ☐ No		
If yes, please provide names: _____			
Do you have any of the following or conduct the following on your premises?			
Travel Hockey	☒ Yes ☐ No		
In-House Leagues	☒ Yes ☐ No		
Speed Skating	☐ Yes ☒ No		
Broomball	☐ Yes ☒ No		
Roller Skating – In-line	☐ Yes ☒ No	Roller Skating - Quads	☐ Yes ☐ No
Exercise/Dance	☐ Yes ☒ No		
Equipment Sales	☐ Yes ☒ No		
Equipment Rental	☐ Yes ☒ No		
If yes, equipment is rented for use:	☐ On Premises ☐ Outside of rink		
Equipment Repair	☐ Yes ☒ No		
Day Care	☐ Yes ☒ No		
Laser Tag	☐ Yes ☒ No		
Fitness Center	☐ Yes ☒ No		
Soccer or other sports	☒ Yes ☐ No		
Dry floor events	☐ Yes ☒ No	If yes, describe: _____	
Other Activities	☐ Yes ☒ No		
If other, please explain: _____			
Do you conduct off-premises events?	☐ Yes ☒ No		
If yes, describe: _____			
Do you provide bus, car or other transportation services?	☐ Yes ☒ No		

STAFFING INFORMATION

Total number of staff: 7	Full time (40 hours): 2	Part time: 5
Minimum age of skate guards: _____		
Are instructors/coaches: ☐ Employees ☐ Independent Contractors (If so, attach contract)		
Do you utilize volunteers? ☐ Yes ☒ No If yes, please describe: _____		

ABUSE AND MOLESTATION

(Please complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote for Abuse and Molestation Coverage please skip this section and continue to the next section.)

1. Does the insured have custodial responsibility for minors? ☐ Yes ☒ No
   If yes, is abuse coverage desired? ☐ Yes ☐ No
2. Do your employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse offenses? ☒ Yes ☐ No
   If yes, what is the process for dealing with a "yes" answer? _____
3. (a) Does your state permit you to do criminal background checks on:
   ☒ Yes ☐ No Employees?
   ☐ Yes ☐ No Volunteers?
   (b) If yes, do you routinely request and receive such background information on all individuals who will have contact with minors? ☒ Yes ☐ No
4. (a) Do you verify employment-related references for employees? ☒ Yes ☐ No
   (b) Do you verify employment-related references for volunteers? ☒ Yes ☐ No
5. (a) Do you conduct a personal interview for employees? ☒ Yes ☐ No
   (b) Do you conduct a personal interview for volunteers? ☒ Yes ☐ No
6. Do you have a written set of procedures for screening employees and volunteers? ☒ Yes ☐ No
   If yes, please forward. If no, please describe your screening process. _____
7. Do you have an Abuse / Molestation Policy with regard to sexual abuse? ☒ Yes ☐ No
   If yes, please indicate how it is provided to your employees/volunteers. _____
8. Do you have written procedures for dealing with allegations of sexual abuse? ☒ Yes ☐ No
   If yes, please forward. If no, please describe what your current response would be. _____
9. Describe how your organization supervises employees and volunteers having custody of children.
   Employees never allowed alone with child always 2 adults present
10. (a) Has your organization ever had an incident which resulted in an allegation of sexual abuse? ☐ Yes ☒ No
    If yes, please describe your organization's response to the allegation. _____
    (b) Was a claim made against the organization or an individual within the organization? ☐ Yes ☐ No
    When did the alleged incident(s) occur? _____
    (c) Was the case taken to trial? ☐ Yes ☐ No ☐ Civil ☐ Criminal
    (d) What was the disposition of the case? _____
11. Regarding coverage for abuse and molestation, does your current insurance program:
    ☐ Yes ☒ No Exclude coverage?
    ☐ Yes ☒ No Limit coverage (please forward a copy of the endorsement)?
    ☐ Yes ☐ No Neither exclude nor limit coverage?
12. Please indicate age range of minors in your care or under the supervision of your employees or volunteers at any time. _____
13. Please describe your current and/or planned operations that involve the custodial care of minors. N/A
    Is hired auto physical damage to be covered? ☐ Yes ☒ No

AUTO EXPOSURE

1. Complete the following chart:

		Seeking Quote	Insured Elsewhere	No Exposure
A.	Owned or Long-Term Leased Vehicles	☐	☐	☒
B.	Hired and/or Non-owned Vehicles	☒	☐	☐
C.	Garagekeepers Liability (e.g. Valet Parking)	☐	☐	☒

Note:
- If seeking coverage for A. or C., provide the completed and signed ACORD Auto (including Auto Schedule) and/or Garagekeepers applications.
- If you purchase coverage for owned vehicles through another company, we cannot offer non-owned or hired auto coverage. Please add it to your existing Commercial Auto policy.

2. Do you use hired, borrowed, or short-term leased vehicles for business and are seeking a quote? ☐ Yes ☒ No
If yes, answer the following:
Provide the approximate cost of hire for all hired/leased (short-term) vehicles during the policy period: $_____
Do you purchase coverage through the rental agency when you rent vehicles? ☐ Yes ☐ No
Is hired auto physical damage to be covered? ☐ Yes ☐ No

3. Do employees or volunteers use personal vehicles for company business? ☐ Yes ☐ No
If yes, answer the following:
How many employees/volunteers use their personal vehicles for company business? 2
How often: ☐ Daily ☐ Weekly ☐ Monthly ☒ Other: few times per year
Describe the activities for which an employee/volunteer would use a personal vehicle for company business.
_____
Do you verify that personal auto insurance is in place before employees can use their autos for company business? ☒ Yes ☐ No

4. Driver Screening and Training
Do you have a driver safety/training program? ☐ Yes ☒ No
Do you require proof of valid drivers' license for anyone who drives on company business? ☒ Yes ☐ No
What is the minimum age for driving on company business? 25 years
Do you review Motor Vehicle Reports for those who drive on company business? ☐ Yes ☐ No
If yes, how often? ☒ Annually ☐ Every Other Year ☐ Other: _____
If yes, what criteria renders an individual ineligible to drive on company business? poor driving record

5. Do you provide the following services?
☐ Valet Service ☐ VIP parking/storage ☒ Neither
If you provide either or both services, answer the following:
Are the vehicles driven onto public roads or do they remain on premises only?
☐ On premises only ☐ Driven on public roads
Do you have a key control system? ☐ Yes ☐ No
Does security monitor the areas where vehicles are parked? ☐ Yes ☐ No

6. Do you provide shuttle services for patrons? ☐ Yes ☒ No
If yes, answer the following:
Are shuttle drivers required to carry a CDL? ☐ Yes ☐ No
If off-premises, distance traveled: _____

7. Do you utilize courtesy vehicles? ☐ Yes ☒ No
If yes, provide a copy of the contract with the vehicle owner(s).

8. Do you hire bus transportation? ☐ Yes ☒ No
If yes, answer the following:
Do you obtain additional insured status from the bus company? ☐ Yes ☐ No
If yes, what limit of insurance do you require? $_____
Provide a copy of the contract with the bus company.

9. Do you provide transportation to players/athletes/members? ☒ N/A ☐ Yes ☐ No
If yes, do you use a hired transportation company that supplies the driver? ☐ Yes ☐ No
If no, how do you provide transportation? _____

10. Answer the following only if seeking a quote for owned or long-term leased vehicles:
Are there protections in place at the area where the vehicles are stored? ☐ Yes ☐ No
If yes, describe: _____
Is there a concentration of values exposed to a common loss at any time? ☐ Yes ☐ No
If yes, describe: _____

CONSTRUCTION/RENOVATION

1. Do you expect any construction, renovation, additions, or repair work (other than regularly scheduled maintenance) at your facility during the policy period? ☐ Yes ☒ No
   If yes:
   Who will perform the work? ☐ Employees ☐ Contractor
   Please describe the work or project: _____

EMERGENCY RESPONSE PLAN

1. Do you have an Emergency Response Plan? ☒ Yes ☐ No
2. How often is the plan updated? reviewed annually
3. What year was the plan last updated? 2024
4. Do you review the plan with employees? ☒ Yes ☐ No
5. What frequency is the plan reviewed with employees? annually
6. Do you have an active shooter plan? ☐ Yes ☐ No

EMPLOYEE BENEFITS LIABILITY

Is Employee Benefits Liability coverage desired? ☐ Yes ☐ No
If yes, please complete the following section.

1. Number of employees: 7
2. Retroactive Date: _____
3. Has Employee Benefits Liability coverage been continuously in force since the retroactive date? ☒ Yes ☐ No
4. On optional enrollment items, is a signed acceptance/rejection page collected? ☒ Yes ☐ No
   If yes, is the signed acceptance or rejection retained in the employee's personnel file? ☒ Yes ☐ No

FIREWORKS/PYROTECHNICS

1. Are pyrotechnics or fireworks displayed at any of your operations/events? ☐ Yes ☒ No
   If yes, is excess pyrotechnics/fireworks coverage desired? ☐ Yes ☐ No
   If coverage is desired, please complete the Pyrotechnics Supplemental Questionnaire.

LIQUOR LIABILITY

Do your operations include the sale or distribution of alcoholic beverages? ☐ Yes ☐ No
If yes, please complete the following section.

1. Location(s) where alcohol will be served: no
   Hours of Operation: _____
2. When is alcohol served? ☐ Year-round ☐ Event specific
   If event specific, is alcohol service stopped at least ½ hour prior to the end of the event? ☐ Yes ☐ No
3. Type of Beverage sold: ☐ Beer/Wine ☐ Mixed Drinks ☐ Hard Liquor
4. Receipts (complete all that apply):
   Applicant's gross sales from alcohol: _____
   If sold by a concessionaire/subcontractor/vendor, how much compensation does applicant receive? _____
   Value of compensated/free alcohol (including "free" beverage tickets): _____
5. Will alcohol be served: ☐ Directly by the insured's employees/volunteers?
   ☐ Through a concessionaire/subcontractor/vendor?
   If through a concessionaire/subcontractor/vendor, does this entity provide a certificate of insurance naming you as an additional insured including liquor liability? ☐ Yes ☐ No
   If alcohol is served directly by the insured's employees/volunteers:
   Name on liquor license: _____
   License #: _____
   Class of License: _____
6. Do ALL servers receive alcohol awareness training? ☐ Yes ☐ No
   Please indicate which training program is utilized (SAFE, TIPS, etc.). _____

7.	Management Practices: Do you have a system for monitoring compliance with alcohol serving practices for all individuals who have responsibility for serving alcohol? If yes, please describe the system. _____ Do you have a system to ensure alcohol awareness training requirements are current for all individuals who have responsibility for serving alcohol? Do you take disciplinary action up to and including termination for any individuals who violate your alcohol serving policies? If yes, please describe. _____	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
8.	Explain process for checking ID's (e.g. everyone is checked, only those appearing to be 30 or younger, etc.).	
9.	Has applicant's liquor license ever been revoked or suspended? If yes, please explain:	☐ Yes ☐ No
10.	Has the applicant incurred claims for liquor liability during the last five years? If yes, please explain:	☐ Yes ☐ No
11.	Has any insurer cancelled or non-renewed coverage during the last five years? If yes, please explain:	☐ Yes ☐ No
12.	Has the applicant ever been fined by an alcoholic beverage control or other governmental entity? If yes, please explain:	☐ Yes ☐ No
13.	Is bring your own bottle (BYOB) allowed?	☐ Yes ☐ No
14.	Is the alcohol service: ☐ Contained within one fixed site ☐ Booths/stands throughout the event site	
15.	Is there a limit placed on the quantity of alcoholic beverages purchased at one time? If yes, please describe:	☐ Yes ☐ No
16.	Do you maintain security personnel at the site of alcohol service?	☐ Yes ☐ No
17.	Do you exercise the right of search and seizure?	☐ Yes ☐ No
18.	Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?	☐ Yes ☐ No
19.	Is there any type of designated driver program in place?	☐ Yes ☐ No
20.	Are rules/regulations clearly displayed?	☐ Yes ☐ No
21.	Is food service available to patrons consuming alcohol?	☐ Yes ☐ No

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Date _____ Signature of Insured _____ Title _____

Send completed form along with referenced ACORD application(s) to:

American Specialty Insurance & Risk Services, Inc.
7609 W. Jefferson Boulevard, Suite 100
Fort Wayne, IN 46804
Phone: (800) 245-2744
E-mail: apply@americanspecialty.com