



## 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 Chelmsford Loc #5
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     | \$ <u>45,000</u> |
| Skate rental (public) | \$ _____         |
| <b>TOTAL:</b>         | \$ _____         |

#### B. RINK SPONSORED:

|                            |          |
|----------------------------|----------|
| Recreational group lessons | \$ _____ |
| Figure skating lessons     | \$ _____ |
| Hockey lessons             | \$ _____ |
| Senior hockey league       | \$ _____ |
| Skate sharpening           | \$ _____ |
| Skate rental for lessons   | \$ _____ |
| Parties                    | \$ _____ |

|                                                                  |  |                          |
|------------------------------------------------------------------|--|--------------------------|
| <b>TOTAL:</b>                                                    |  | <b>\$ <u>45,000</u></b>  |
| <b>C. FACILITY RENTAL:</b>                                       |  |                          |
| USA Hockey *                                                     |  | \$ <u>402,000</u>        |
| U.S. Figure Skating                                              |  | \$ _____                 |
| Association (clubs & events)                                     |  | \$ <u>7,140</u>          |
| High school and college                                          |  | \$ <u>63,249</u>         |
| Non-skating events                                               |  | \$ _____                 |
| <b>TOTAL:</b>                                                    |  | <b>\$ <u>472,389</u></b> |
| * List all USA Hockey Teams/Leagues that skate at your facility: |  |                          |
|                                                                  |  |                          |
| <b>D. OTHER:</b>                                                 |  |                          |
| Arcade                                                           |  | \$ _____                 |
| Concessions                                                      |  | \$ _____                 |
| Pro Shop                                                         |  | \$ _____                 |
| Vending                                                          |  | \$ <u>2,040</u>          |
| Liquor                                                           |  | \$ _____                 |
| Other: <u>Adult Hockey</u>                                       |  | \$ <u>20,400</u>         |
| <b>TOTAL:</b>                                                    |  | <b>\$ <u>22,440</u></b>  |

### PHYSICAL PLANT AND MAINTENANCE INFORMATION

|                                                                                                                                                                                                                                                                                      |                                           |                                |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------|--------------------------------|
| Number of stories: <u>1.5</u>                                                                                                                                                                                                                                                        | Total square footage: _____               |                                |                                |
| # of Skating surfaces: <u>1</u>                                                                                                                                                                                                                                                      |                                           |                                |                                |
| Height of boards: <u>42"</u>                                                                                                                                                                                                                                                         | Height of glass at sides: <u>96"</u>      | Height of glass at ends: _____ |                                |
| Protective netting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                              | <input checked="" type="checkbox"/> Full  | <input type="checkbox"/> Ends  | <input type="checkbox"/> Other |
| Surface Composition under ice:                                                                                                                                                                                                                                                       | <u>Sand</u>                               |                                |                                |
| Type of other floor surfaces:                                                                                                                                                                                                                                                        | _____                                     |                                |                                |
| Date these were last resurfaced:                                                                                                                                                                                                                                                     | _____                                     |                                |                                |
| Is the rink: <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor                                                                                                                                                                                             |                                           |                                |                                |
| Describe how you monitor ice quality:                                                                                                                                                                                                                                                | <u>Logs</u>                               |                                |                                |
| Describe how you secure rink when closed:                                                                                                                                                                                                                                            | <u>Locked</u>                             |                                |                                |
| 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                               | Maximum Seating? <u>400</u>               |                                |                                |
| Do you have the following:                                                                                                                                                                                                                                                           |                                           |                                |                                |
| Rink Rules Posted?                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No    |                                |
| Skaters' Code of Conduct posted?                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No    |                                |
| Safety Inspection Checklist                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No    |                                |
| Skate Maintenance Log?                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No    |                                |
| Ice Resurfacing Log?                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No    |                                |
| Video Surveillance?                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No    |                                |
| Describe areas of coverage for video surveillance:                                                                                                                                                                                                                                   |                                           |                                |                                |
| <u>Ice Surface</u>                                                                                                                                                                                                                                                                   |                                           |                                |                                |
| Please describe regular maintenance on rink: <u>Daily / Weekly / Monthly</u>                                                                                                                                                                                                         |                                           |                                |                                |
| Please describe preventative maintenance procedures for chillers, brine pump, compressors, and condensers:                                                                                                                                                                           |                                           |                                |                                |
| <u>Constant maintenance</u>                                                                                                                                                                                                                                                          |                                           |                                |                                |
| Do you document this maintenance in writing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                           |                                |                                |
| Have you installed a fire alarm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                 |                                           |                                |                                |
| Have you installed a burglar alarm/motion detector? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                              |                                           |                                |                                |
| Do you have outside security? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                    |                                           |                                |                                |
| If so, how many? _____ Are they armed? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                      |                                           |                                |                                |
| Do you have certified first aid personnel? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CPR <input type="checkbox"/> First Aid Number per session: _____                                                                             |                                           |                                |                                |
| Do you have an AED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of personnel trained to use: _____                                                                                                                                                    |                                           |                                |                                |
| Do you have a deep fryer or a grill? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                             |                                           |                                |                                |
| If yes, is it approved by the Fire Marshall? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                |                                           |                                |                                |

How often is the system cleaned? \_\_\_\_\_

#### ICE RESURFACING EQUIPMENT:

|    | <u>Year</u> | <u>Make</u> | <u>RC Value</u> | <u>Fuel Source</u> |
|----|-------------|-------------|-----------------|--------------------|
| 1. | <u>2012</u> | <u>Zam</u>  | <u>85000</u>    | <u>Electric</u>    |
| 2. | _____       | _____       | _____           | _____              |

#### AIR QUALITY (Gasoline & Propane Equipment)

Is ice resurfer (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

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: <u>6</u>                                                                                                          | Full time (40 hours): <u>1</u> | Part time: <u>5</u> |
| Minimum age of skate guards: _____                                                                                                       |                                |                     |
| Are instructors/coaches: <input type="checkbox"/> Employees<br><input type="checkbox"/> Independent Contractors (If so, attach contract) |                                |                     |
| Do you utilize volunteers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br>If yes, is abuse coverage desired?                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> 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?<br><br>If yes, what is the process for dealing with a "yes" answer? _____                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                        |
| 3.  | (a) Does your state permit you to do criminal background checks on:<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Employees?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Volunteers?<br>(b) If yes, do you routinely request and receive such background information on all individuals who will have contact with minors?                                                                                                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                        |
| 4.  | (a) Do you verify employment-related references for employees?<br>(b) Do you verify employment-related references for volunteers?                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.  | (a) Do you conduct a personal interview for employees?<br>(b) Do you conduct a personal interview for volunteers?                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.  | Do you have a written set of procedures for screening employees and volunteers?<br>If yes, please forward. If no, please describe your screening process. _____                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                        |
| 7.  | Do you have an Abuse / Molestation Policy with regard to sexual abuse?<br>If yes, please indicate how it is provided to your employees/volunteers. _____                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                        |
| 8.  | Do you have written procedures for dealing with allegations of sexual abuse?<br>If yes, please forward. If no, please describe what your current response would be. _____                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                        |
| 9.  | Describe how your organization supervises employees and volunteers having custody of children.<br><u>Employees never allowed alone with child always 2 adults present</u>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            |
| 10. | (a) Has your organization ever had an incident which resulted in an allegation of sexual abuse?<br>If yes, please describe your organization's response to the allegation. _____<br>(b) Was a claim made against the organization or an individual within the organization?<br>When did the alleged incident(s) occur? _____<br>(c) Was the case taken to trial? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Civil <input type="checkbox"/> Criminal<br>(d) What was the disposition of the case? _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 11. | Regarding coverage for abuse and molestation, does your current insurance program:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exclude coverage?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Limit coverage (please forward a copy of the endorsement)?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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. <u>N/A</u><br>Is hired auto physical damage to be covered?                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                        |

**AUTO EXPOSURE**

| 1. Complete the following chart: |                                              | Seeking Quote                       | Insured Elsewhere        | No Exposure                         |
|----------------------------------|----------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| A.                               | Owned or Long-Term Leased Vehicles           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B.                               | Hired and/or Non-owned Vehicles              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| C.                               | Garagekeepers Liability (e.g. Valet Parking) | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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.

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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

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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

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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

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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

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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: \_\_\_\_\_

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

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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.

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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? \_\_\_\_\_

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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? 2022  
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.  | <b>Management Practices:</b><br>Do you have a system for monitoring compliance with alcohol serving practices for all individuals who have responsibility for serving alcohol?<br>If yes, please describe the system. _____<br>Do you have a system to ensure alcohol awareness training requirements are current for all individuals who have responsibility for serving alcohol?<br>Do you take disciplinary action up to and including termination for any individuals who violate your alcohol serving policies?<br>If yes, please describe. _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.  | Explain process for checking ID's (e.g. everyone is checked, only those appearing to be 30 or younger, etc.).<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                  |
| 9.  | Has applicant's liquor license ever been revoked or suspended?<br>If yes, please explain: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |
| 10. | Has the applicant incurred claims for liquor liability during the last five years?<br>If yes, please explain: _____                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |
| 11. | Has any insurer cancelled or non-renewed coverage during the last five years?<br>If yes, please explain: _____                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |
| 12. | Has the applicant ever been fined by an alcoholic beverage control or other governmental entity?<br>If yes, please explain: _____                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |
| 13. | Is bring your own bottle (BYOB) allowed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |
| 14. | Is the alcohol service: <input type="checkbox"/> Contained within one fixed site <input type="checkbox"/> Booths/stands throughout the event site                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                  |
| 15. | Is there a limit placed on the quantity of alcoholic beverages purchased at one time?<br>If yes, please describe: _____                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |
| 16. | Do you maintain security personnel at the site of alcohol service?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |
| 17. | Do you exercise the right of search and seizure?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |
| 18. | Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |
| 19. | Is there any type of designated driver program in place?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |
| 20. | Are rules/regulations clearly displayed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |
| 21. | Is food service available to patrons consuming alcohol?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> 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](mailto:apply@americanspecialty.com)**