



RECREATIONAL GENERAL APPLICANT INFORMATION

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

APPLICANT NAME:

(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)

FEIN	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Individual <input type="checkbox"/> Other				
Mailing Address:					
Operations Address:					
Description of Operations:					
Inspection Contact:				Phone Number:	
Website Address:				E-Mail Address:	
Do you conduct any Operations or Businesses or Activities not covered under this application of insurance?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please describe:					
Proposed Effective Date:		Proposed Expiration Date:		Operating Season:	
Year operation opened:		Total Management Experience in this type of Operation:			
*** If a new Venture or Operation, IT IS MANDATORY to submit a Resume or a Summary of Qualifications ***					
Is this a new venture or operation?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Your Insurance Ever Been Cancelled or Non-Renewed?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes - Please explain:					
Limits of Liability Required:	Per Occurrence:			Aggregate:	
Deductible per Claim	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000				

Submission requirements for all Operations:	
<input type="checkbox"/>	Copies of Brochures
<input type="checkbox"/>	Ropes Courses/Zip lines – Owned - Copy of the Latest Inspection with proof that all deficiencies were repaired
<input type="checkbox"/>	Safety Guidelines and/or Safety Program Manual Provided to your Staff
<input type="checkbox"/>	5 Years of Loss Runs from Prior Carriers

GENERAL OPERATIONS INFORMATION

1. Are all guests, clients, students required to sign a Release of Liability prior to participating in the activity? Yes No
2. Do you cross-check waiver signature with identity? Yes No
3. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? Yes No
4. Are any operations conducted outside the United States? Yes No
 If "yes", what % of receipts related to international operations: % _____
 Do you require Travel Accident/Medical coverage be purchased? Yes No
 If "no", do you require participants to confirm that their health insurance carrier covers them internationally? Yes No
5. Do you check weather forecast/conditions prior to the commencement of any activities or trips to ensure client safety? Yes No
6. Do you hire concessionaires, independent contractors or subcontractors? Yes No
 If "yes", for what activities or duties? _____
 If "yes", do you obtain proof of insurance with additional insured status from them? Yes No
7. Do you provide on the job training or tryouts for individuals PRIOR to hiring them as employees? Yes No
 If "yes", do you require them to sign a special waiver prior to allowing them to train or try out? Yes No
8. Do you have a formal written PROCEDURE & TRAINING manual for your operations? Yes No
9. Is there at least one supervisor, site manager, or employee on duty at all times that holds a CPR/1st Aid Certification? Yes No
10. Have you or any operators had their driver's license either revoked or suspended in the past 3 yrs? Yes No
 If "yes", explain: _____
11. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? Yes No
12. Do you sell products that you manufacture, install or assemble? Yes No
 If "yes", explain: _____
13. Are there any attractive nuisances on the premises (playgrounds, ponds, machinery, or other structures)? Yes No
 If "yes", please list all: _____
14. In the last 5 years, have you been engaged or are presently engaged in a similar business operation under another business name? Yes No
 If "yes", business name, start/end date, & location: _____
15. Are background checks completed on all employees? Yes No
 If no, are background checks completed on employees who work with minors? Yes No
16. Are employees cross-checked on the National Sex Offender Registry? Yes No
17. Do you own or utilize any mobile equipment* in your operation (e.g. golf carts, ATV's, tractors, etc.)? Yes No
 If "yes", list mobile equipment: _____
18. Do you conduct any non-guided activities: Yes No
 If "yes", provide details: _____
19. Do all guides always carry a communication device? (e.g. radio, cell phone, etc.) Yes No
20. Has any guided been involved in an incident which resulted in death or serious injury? Yes No
 If "yes", provide details: _____
21. Are all guides licensed per your state or government agency's guidelines? Yes No

PRIOR CARRIER INFORMATION			
NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

HAVE YOU HAD ANY INCIDENTS OR CLAIMS IN THE PAST 5 YEARS? <input type="checkbox"/> Yes / <input type="checkbox"/> No (If yes please provide details below)	
	\$
	\$
	\$

ADDITIONAL INSUREDS (As they are to appear on the Policy):					Check Here if None: <input type="checkbox"/>
Name	Address	Relationship to you	Excess Required	Occ Limit	Agg Limit
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

REVENUE BREAKDOWN FOR ALL ACTIVITIES	
Total Receipts for the Last 12 months:	All other receipts:
Explain Other Receipts:	
Estimated Receipts for the Next 12 Months:	All other receipts:
Explain Other Receipts:	

GUIDE & INSTRUCTOR QUALIFICATION INFORMATION – ALL ACTIVITIES – USE A SEPARATE SHEET IF NEEDED				
AGE	FULL NAME	YRS OF EXPER.	1ST AID & CPR?	OTHER APPLICABLE CERTIFICATIONS FOR EACH GUIDE

It is hereby agreed and understood that this application for insurance is subject to review by underwriting. Coverage is not bound until submission for insurance is accepted by First Flight Insurance Group, Inc., all signed forms are in place, AND the total required deposit premium has been paid in full. Coverage will be confirmed with a signed binder or policy, as issued by First Flight Insurance Group, Inc. No other entity or agent has the right to bind coverage or issue a binder or a certificate of insurance for coverages submitted under this application.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

_____ Date: _____
Applicant's Signature

_____ Applicant's Title: _____
Applicant's Printed Name



SKATEBOARD/BMX PARK

REVENUE BREAKDOWN FOR ALL ACTIVITIES

TOTAL GROSS REVENUES FOR ALL ACTIVITIES: \$ _____

ALL OPERATIONS MUST BE DECLARED

ACTIVITIES COVERED	# ATTENDANTS	GROSS REVENUES	NO EXPOSURE
ADMISSION			
EQUIPMENT RENTALS			
LESSONS			
OTHER:			
INCIDENTAL OPERATIONS		GROSS REVENUES	NO EXPOSURE
CONCESSIONS			
RETAIL SALES OF MERCHANDISE			
OTHER:			

CHECK ALL THAT APPLY: Skateboard BMX Rollerblade

1. Is the facility supervised at all times? Yes No
 1a. Number of supervisors on duty at one time: _____
2. Are helmets required for all participants? Yes No
3. Are all activities checked above allowed to participant on the track at one time? Yes No
4. Is the facility: Indoors Outdoors Yes No
 4a. If OUTDOORS, can the facility be locked? Yes No
 4b. If OUTDOORS, is it lit at night? Yes No
5. Park construction: Concrete Masonite Skatelite Other: _____
6. Type of floors: Polished Concrete Masonite Decks Other: _____
7. Are there: Rails Stairs Describe: _____
8. Who built your skate park? _____
 8a. What year was the park built: _____
9. What is the total square footage of park? _____
10. What is the maximum height of the ramps? _____
11. Do you have written rules and safety notices posted? Yes No
 11a. If "yes", where? _____
12. Will any tournaments or events be held at your facility? Yes No
 12a. Describe events and estimated # of spectators: _____

13. Is the facility inspected daily? Yes No
 13a. Is it mopped daily? Yes No
 13b. Is it swept before each session? Yes No
 13c. If "no", to any of the above explain why: _____

14. What is the minimum age allowed: _____

15. Describe any participant limitations: _____

SKATE/BMX/ROLLER BLADE PARKS – MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY

**BY AFFIXING MY INITIALS, APPLICANT AGREES TO ADHERE TO EACH OF THE FOLLOWING MANDATORY REQUIREMENTS FOR BOTH OBTAINING AND MAINTAINING INSURANCE COVERAGE
ADHERENCE TO THESE GUIDELINES IS MATERIAL TO THE ISSUANCE OF INSURANCE COVERAGE.**

**ALL OPERATIONS - ALL APPLICANTS MUST INITIAL STATEMENTS
*** PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY *****

No.	Initials	Requirements
1		Participants are required to wear an industry-accepted helmet and use safety protection as per the SPAUSA guidelines. The helmet and safety protection will be worn and securely fastened by all customers prior to engaging any activities.
2		Under no circumstances will you conduct or permit any form of contest or racing event that is not fully supervised and in compliance with the SPAUSA event guidelines.
3		Prior to participation in an activity, each participant and / or passenger shall be required to sign the RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT and/or ACKNOWLEDGEMENT OF RISK FORMS (hereinafter "Release") provided and approved by the carrier. In the event a participant or passenger is less than 18 years of age, both the participant and their parent or legal guardian must sign the Release. All Releases must be held on file for a minimum of five (5) years.
4		Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to (a) participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs (b) take or consume alcohol or drugs during the guided activities at any time.
5		All applicable State, Federal and Equipment Manufacturer's safety standards for the operations are to be followed at all times during activities.
6		All incidents regardless of severity will be reported to the company immediately.
7		You will comply with our skate park inspection policy at all times as detailed below; 1. Daily inspections will be conducted on all parks. 2. All inspections will be completed under the direction of a qualified inspector. 3. All inspections will be completed utilizing the Skate Park Inspection Form provided and approved by the carrier. 4. All original inspection forms will be kept on file for at least 5 years. 5. The inspector will sign and date each inspection on the date of completion. 6. All follow-up repairs needed will be noted under "Action required" on the inspection form. 7. Inspections will be reviewed annually by the manager in an attempt to identify trends and areas of concern.
8		You will inspect all equipment daily, prior to the commencement of activities and in accordance with the manufacturer's recommendations and guidelines. You will maintain and keep a written log of these procedures. Equipment, which a reasonable and prudent person would consider damaged and worn, so as to create a potential hazard to life or health, will never be used in activities.
9		Parks will be supervised at all times by persons who have received training regarding acceptable behavior of participants and responsibilities of supervisors and who have suitable experience regarding the same.
10		It will be the operations manager, supervisor and/or employee's responsibility to evaluate and determine if an individual's behavior is suitable for the activities and those other participants engaged in activities. You will monitor activities to this end and remove any individual who is repeatedly chooses to ignore warnings and instructions from the supervisor and / or trained employee.

FIRST FLIGHT AND UNDERWRITERS ANTI-FRAUD STATEMENT

THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) First Flight Insurance Group, Inc. and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned acknowledges having read this Anti-Fraud Statement.

Applicant _____

Date _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

(YOU MUST CHECK ONE OF THE BOXES TO PURCHASE OR EXCLUDE TERRORISM COVERAGE)

	I hereby ELECT to PURCHASE coverage for acts of terrorism for a prospective premium of 15% of premium quoted .
	I hereby ELECT to have coverage for acts of terrorism EXCLUDED from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.
Policyholder/Applicant's Signature	DATE
Print Name	MULTIPLE Syndicate on behalf of certain Underwriters at Lloyd's