

Name of Insured	Proposed Effective Date
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Facility location (Address, City, State, Zip)

TYPE OF FACILITY

1. Equipment Type:
- | | | |
|---|-----|----|
| a. Half-Pipe..... | Yes | No |
| Vertical drop of tallest half-pipe: | | |
| b. Bowls | Yes | No |
| Vertical drop of deepest bowl: | | |

FACILITY USERS

2. Check all boxes that apply to the skate facility:
- | | | | | |
|------------|---------------|----------|---------------------|----------|
| Skateboard | In-Line Skate | Bicycles | Motorized Equipment | Scooters |
|------------|---------------|----------|---------------------|----------|

FACILITY DESIGN

- | | | |
|--|-----|----|
| 3. The facility was designed by a landscape architect with experience in designing skateboard facilities and skate parks | Yes | No |
| 4. All items located around the skate park (trash cans, benches, etc.) are secured to the ground so they can not be moved onto the skating surface | Yes | No |
| 5. Did the entity manufacture or install any portion of the facility | Yes | No |

FACILITY SAFETY AND MAINTENANCE

6. List all posted warnings, instructions and emergency information:
-
-
-
-
-
-
-
-
-
-
- | | | |
|--|-----|----|
| 7. Is signage posted at all entrances of the skate park? | Yes | No |
| 8. Is there a pay phone or emergency call box on premises that can be used to summon emergency medical assistance or public safety officers? | Yes | No |
| 9. Is documentation of all inspection and repairs retained? | Yes | No |
| 10. Are facilities inspected at least weekly? | Yes | No |
11. Security measures:
- | | | |
|------------------------|-----|----|
| a. Lighting | Yes | No |
| b. Fencing | Yes | No |
| c. Police Patrol | Yes | No |
| d. Other | Yes | No |

SUPERVISED FACILITY

(Complete this section only if the facility is supervised.)

- 12. Does staff mandate and enforce usage of personal protective equipment? Yes No
- 13. Is facility locked when staff is not present? Yes No
- 14. Is staff trained in:
 - a. First aid? Yes No
 - b. CPR? Yes No
 - c. Usage of emergency communication equipment? Yes No
- 15. Is staff fully trained in operation of skateboard park? Yes No

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

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For all other applicable state fraud warnings, please see the main application.

Signature	Date
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