



SKATING QUESTIONNAIRE

Impact Programs
4300 Shawnee Mission Pkwy
Fairway, KS 66205

GENERAL INFORMATION

Today's Date: _____ Agency Name: _____
 Named Insured: _____ Producer Name: _____
 Event Dates: _____ Producer Phone: _____
 Producer Email: _____

UNDERWRITING INFORMATION

Location of Rink: _____
 Estimated Receipts: _____ Estimated # of Total Skaters: _____
 Do you offer skating lessons? Yes No – If Yes, please explain:

 Hours and Days of Operation: _____
 Is rink open year round? Yes No Rink size: _____ Max Capacity of rink: _____
 Surface Composition: Ice Artificial Ice Concrete Wood Other
 Is there a barrier that separates all skating areas from spectators and other activities? Yes No
 Ice Refinishing – who runs the machine (Zamboni)? _____
 How often? _____
 Is there regular maintenance of ice surfacing equipment? Yes No
 If Yes, by whom? _____
 Are rink monitors on the ice at all times that the public is to maintain order, reduce speed, etc.? Yes No
 Are Ice Hockey or other sports permitted? Yes No
 Is skate rental available? Yes No
 Is training provided by manufacturer to rink staff on how to correctly size skates? Yes No
 Is training provided by manufacturer to rink staff on how to correctly maintain them
 (e.g. cleanliness, identify repair needs)? Yes No
 Do you require participants (or parents of minors) to sign an injury waiver? **Please attach.** Yes No
 Are warning signs posted? (Skate At Your Own Risk, skate safety and control, etc.) Yes No
 Is any of your staff certified in: CPR FIRST AID Are first aid kits available? Yes No
 Do you have a written crisis/disaster management plan? **Please attach.** Yes No
 Is indemnity contract from skating manufacturer received? Yes No
 Do you have any sponsoring or sanctioning organizational affiliations or associations? Yes No
 If Yes, please describe: _____