



SKATE PARK INSURANCE APPLICATION

(Liability Coverage)

1) Name of Insured: _____

2) Contact name: _____

3) E-mail address: _____

4) Daytime Phone: () _____ Fax () _____

5) Mailing Address: _____

6) Date you would like your insurance to start: _____

7) Type of Entity *(Please check one)*

Individual Corporation Partnership Joint Venture
 Non-Profit Church Other _____

8) Year Skate Park was Started: _____ Year Skate Park was Built: _____

9) Location of Skate Park: _____
(if different from above) _____

10) Premises is: (please check one): Owned Rented

11) Prior Insurance Information: *(If no previous insurance, please write N/A and skip to question #16)*

<u>Policy Year</u>	<u>Carrier</u>	<u>Policy Number</u>
_____	_____	_____
_____	_____	_____

17) Additional Insured/Certificate Recipients

(Anyone asking for proof of insurance, such as a landlord or a vendor)

Name: _____
Address: _____
City/State/Zip: _____