

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

ICE SKATING FACILITY SUPPLEMENT

Name of Rink: _____
(Full Name of Insured)

Insured is: Individual Partnership Joint Venture Corporation
 Other: _____

Mailing Address: _____

City: _____ State: _____ County: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

Physical Address of Rink: _____

City: _____ State: _____ County: _____ Zip: _____

Rink Operator: _____ Phone: _____

BUILDING: (If property coverage required, please send current business financial statement)

Age of Building: _____ Total Building Area: _____ Total Skating Surface: _____

Floor Construction: Wood Plastic over Particle Board Concrete

Building Construction: Frame Brick Concrete Metal Other

Roof Construction: Frame Metal Masonry with Metal Supports

Actual Cash Value of Building \$: _____ Actual Cash Value of Contents \$: _____

Deductible desired: \$1,000 \$2,500 \$5,000

Distance to nearest Fire Department: _____ Volunteer Non-Volunteer

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS

Name & Address	Interest	Certificate
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIOR CARRIER & LOSS INFORMATION:

(Please provide a loss statement from your present carrier for the last 3 years. If new operation for period of time in business also, include premium paid for same period).

Year From	To	# of Losses	Total Paid Losses	Carrier	Premium	Limit	Deductible

For each claim in excess of \$10,000 describe: (attach sheet with further details if necessary)

LIMITS OF LIABILITY:

\$100,000 \$300,000 \$500,000 \$1,000,000 Deductible Desired: \$250 \$500

Gross Receipts of Previous Year: Skaters: \$ _____ All others: \$ _____

ADDITIONAL EXPOSURES ON PREMISES:

Description	To be Covered	Covered Elsewhere

CURRENT COVERAGE INFORMATION:

Presently Insured with: _____
Liability Limit Coverage: \$ _____ Property: \$ _____
Liability & Property Combined: \$ _____ Expiration Date: _____
(Please enclose a copy of present policy)

I hereby certify that the information provided herein is true and correct. I understand that this application will become part of the policy and that any misrepresentation of the facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date Signed

Signature of Agent

Date Signed