



Address **50 First Ave. Atlantic Highlands, N.J. 07716**

Phone **(800) 925-RINK(7465)** Fax **(732) 888-4646**

Please complete a separate application for each rink

Name of Rink: \_\_\_\_\_ RSA ID# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Rink Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Rink / Office number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Distance to coastal waters: \_\_\_\_\_ County \_\_\_\_\_

Land-Locked State

Values:

\$	Building Coverage
\$	Personal Property (Contents)
\$	Improvements & Betterments
\$	Loss of Earnings (Business Interruption)
\$	Sign: Lit Unlit Attached Free Standing
\$	Other:

Roof:	Flat Steel Truss	Flat Joisted	Other:		
Exterior Walls:	Wood/Frame	Concrete Block/Brick	Metal/Steel	Other - Describe:	
Skating Floor:	Wood	Asphalt	Concrete	Other - Describe:	
Cooking/Snack Bar Info:	Grill Fryer	Hood:	Yes	No	Describe Operation:
Protection / Alarms:	Sprinklered:	Yes	No		
Burglar:	Local	Central Station Alarm	Mot. Det.	Smoke/Fire:	Local Central Station Alarm

List Type of Business/Dwelling & Distance (in Feet)

A: Left	
B: Right	
C: Rear	

Size of Building: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Distance to Fire Hydrant: \_\_\_\_\_ Distance to Fire Dept: \_\_\_\_\_  
SQ. FEET FEET MILES

Year Built: \_\_\_\_\_ If Over 25 Years - When Updated \_\_\_\_\_  
Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ A/C \_\_\_\_\_

Other Occupancy(s): If 'NONE', please indicate so.

Please Provide Loss History for Past Three (3) Years. If you have had "NO CLAIMS," please indicate so.

Date Of Loss	Type of Loss	Total Claim	Amount Paid by Company

Current Carrier / Broker: \_\_\_\_\_ Policy #: \_\_\_\_\_

Comments/Mortgagee(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_