

APPLICANT

Legal Name of Applicant: _____

Team/School/Tournament Name: _____ Website: _____

DESIRED EFFECTIVE DATE OF COVERAGE: From: _____ To: _____

Requested limits: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Location Address: _____

City: _____ Province: _____ Postal Code: _____

Name of Person completing this application: _____ Position: _____

Business is (check one): Sole Proprietorship Partnership Non Profit Assn Corporation (Inc., Ltd.)

If you are Non Profit, do you require a quotation for Directors & Officers Insurance (separate application will be required) Yes No

BUSINESS OPERATIONS:

1) Insurance is required for

a. Arena Yes No

b. Indoor Soccer Facility Yes No

c. Clubhouse Yes No

d. Outdoor Fields Yes No

e. Other Yes No

f. Indoor Skatepark Yes No

i. If Other, Please indicate: _____

2) Do you allow third party groups to use your facility? Yes No

a. If YES, do you require certificate naming you as additional insured? Yes No

i. If No, Please explain: _____

ii. If YES, for what limits of liability? _____

iii. Do you require the certificate states cross liability? _____

3) Please provide a diagram or photos of your facility noting:

a. Number of Ice/ Field Surfaces as applicable _____

b. Spectator Area _____

c. Capacity as stated by Fire Marshall _____

d. Concessions _____

e. Entrances & Exits _____

f. Locker rooms _____

g. Restaurant and/or Lounge Area _____

h. Common Areas _____

4) Does your facility have

a. A Pool? Yes No

b. A Fitness Centre? Yes No

c. Professional Services (Massage/Physio)? Yes No

d. Daycare? Yes No

If you answered yes to any of the above questions, please explain: _____

5) Do you have the following:

a. Risk Management plan that is reviewed with every employee? Yes No

b. Code of Conduct and Safety Rules posted? Yes No

c. Written Emergency Response Plan? Yes No

SPORTGUARD APPLICATION - For Facilities – Arenas, Skateboard Parks, Etc.

- d. Maintenance Log? Yes No
- e. Ice Resurfacing Log? Yes No
- f. Safety Checklist that is completed daily? Yes No
- g. Video Surveillance? Yes No
- h. Daily housekeeping that includes floor care? Yes No
- i. Incident Reporting Procedure that is reviewed with employees? Yes No
- j. First Aid attendant on site at all times? Yes No
- k. An AED (Defibrillator) Yes No

If you answered yes to any of the above questions, please explain:

FACILITY QUESTIONS – TO BE ANSWERED FOR ALL RISKS:

Number of stories: _____ Total square footage: _____

Age of building: _____ If over 25 years old, year updated: Electrical _____ HVAC _____

Do you have a monitored alarm system in place? Yes No

Do you have spectator seating? Yes No

If YES, please describe: _____

Do you have a concession? Yes No

Do you have a restaurant? Yes No

If YES, do you run the restaurant or is it leased out? _____

If it is leased out, do you require lessee to name you as AI on their policy? Yes No

Do you have a lounge? _____

If YES, do you run the lounge, or is it leased out? _____

If it is leased out, do you require lessee to name you as AI on their policy? Yes No

If lounge is house run, please answer the following:

Licensed Capacity: Seats-Inside # _____ Seats-Outside Patio: # _____ Total number of licensed rooms: _____

Is the I.D. checked on all patrons that could potentially be underage: Yes No

If a customer becomes intoxicated, how are they handled? _____

Is the service of alcohol stopped? Yes No Will staff contact a taxi? Yes No

How are patrons evicted from premises: _____

Under what circumstances are police called? _____

How often have they been called in the last 12 months? _____ 24 months? _____

Do you engage in off-premises functions (i.e. beer tents, special occasion permits, etc.)? Yes No

If yes, please explain: _____

Gross receipts generated from such functions: _____

ICE RINK QUESTIONS: (IF N/A PLEASE SKIP)

of Skating surfaces: _____ Length _____ x Width _____ = _____ SQ FT

Height of boards: _____ Height of glass at sides: _____ Height of at ends: _____

Do you have netting? Yes No Describe: (full/ends/other) _____

Surface Composition under ice: _____ Type of other floor surfaces: _____

Date these were last resurfaced: _____ Condition: _____

Is the rink: Indoor Outdoor

If outdoor, Describe how you monitor ice quality: _____

Describe how you secure rink when closed: _____

Describe the ventilation system at your rink: _____

Please describe regular maintenance on rink:

Is Maintenance logged daily? Yes No

Do you offer skate sharpening or repairs? Yes No

Do you have any retail sales? Yes No

Ice Resurfacing Equipment:

YEAR	MAKE/MODEL	FUEL SOURCE

SKATE PARK QUESTIONS: (IF N/A PLEASE SKIP)

Is your park Indoor Outdoor Both

No of annual members: Drop ins:

Is your park supervised at all times? Yes No

What is the square footage?

Who built your park?

In what year?

What is the construction of your park? (Skatelite, Masonite, concrete etc.)

What is the floor surface? (Plywood, Masonite, polished concrete etc.)

Please list basic elements of park and provide a diagram or photos showing placement:

Other than skateboarders, who uses your facilities? (BMX, inline, etc.)

Do all participants wear helmets at all times? Yes No

If NO, Please explain:

Do you allow bikes & boards in the park at the same time? Yes No

If outdoor, is the area lit for nighttime skating? Yes No

Do you hold competitions or demos? Yes No

Do you allow live entertainment? Yes No

Do you allow spectators or photographers to be in the skate area? Yes No

If YES, do they have to wear helmets? Yes No

Do you have a separate spectator viewing area? Yes No

How is this separated from the skating area?

HOUSE PROGRAM INFORMATION (TO BE COMPLETED BY ALL RISKS)

Do you offer in house programs for sport participants? Yes No

If NO, please skip to Revenues.

If YES, please provide a breakdown of all of your programs (hockey drop in, public skate, learn to skate, soccer etc.)

Sport/Activity	Total # of Participants	Participants UNDER 18	Participants OVER 18	Total # of Teams if applicable

Do you have any US/Foreign players? Yes No

If YES, do you require that they carry appropriate medical insurance covering them for sporting activities? Yes No

Do you use a waiver of release, release of liability and assumption of risk agreement (waiver) for ALL clients for ALL activities?

Yes No

If NO, please explain:

If YES, please provide a copy for our review

Do you use a medical questionnaire for all participants? Yes No

Explain how and why you would decline a client from participating:

Do you have any overnight exposure? Yes No

If YES, please explain & provide supervision procedures:

Are participants ever taken offsite (such as swimming etc. during a day camp program)? Yes No

If YES, please explain:

Do you require participants to wear all safety gear (i.e. Helmets, mouth guards, etc.) as recommended by the governing body for your sport? Yes No

If NO, please explain:

Are your coaches certified? Yes No

If NO, please explain how they are trained:

REVENUES:

	RECEIPTS IN \$ (OR STATE N/A)
In House Programs (includes public skate, programs, etc.)	\$
Third party Facility Rentals	\$
Pro Shop Retail	\$
Skate Sharpening/Repair	\$
Snack Bar/Concession	\$
Restaurant	\$
Liquor Sales	\$
Vending/Arcade	\$
Tenant Income	\$
Other – Please indicate	\$
Other – Please indicate	\$
Other – Please indicate	\$
TOTAL RECEIPTS	\$

Do you require Commercial Property insurance for building and/ or contents? Yes No

(a separate application will be required)

Please provide any other information you believe will assist us:

INSURANCE INFORMATION

1) Have you ever been declined for liability insurance coverage? Yes No

a. If YES, please explain:

2) Has your insurance coverage ever been cancelled by any insurance company? Yes No

a. If YES, please explain:

3) Have you had an liability claim, or do you know of any incidents that MAY ARISE in a claim pending for the past five years:

Yes No If YES, please explain:

4) Please provide your previous insurer and premium amount for the past three years:

YEAR	INSURANCE COMPANY	PREMIUM	LIMIT OF LIABILITY

BROKER INFORMATION:

Brokerage:	Contact:	
Tel:	Fax:	Email:
Is this an existing account for your brokerage? Yes <input type="checkbox"/> No <input type="checkbox"/>		
How long have you held this account:	Target Premium:	
Current Insurer:	Current Policy #:	Expiry:
Current Limits:		
Last date you inspected this risk as the broker:	Month:	Year:

PLEASE NOTE:

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes was not provided. The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Insured Signature:	Date:
Broker Signature:	Date:
Broker Email:	