

SECTION 1: BROKER DETAILS

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Website: _____

General email: _____ Contact E-mail: _____

Contact Name: _____

SECTION 2: RISK DETAILS

2.1 Effective Dates

Policy period required from (effective date): _____ to (expiry date): _____

2.2 Mailing information

Name of Insured as it is to appear on policy: _____

Name of Organization (if different): _____

Mailing Address: _____

2.3 What is the insured?

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify) _____

2.4 Physical Address of Organization (if different than mailing)*:

Address: _____

2.5 Webpage: _____

SECTION 3: FACILITY INFORMATION

3.1 Provide number of years the business has been in operation: _____

Manager Name: _____

How long has the manager been employed at this facility?: _____

Qualifications/Experience of Manager: _____

- 3.2 Rink size (area): _____ Square ☐ Feet or ☐ Meters
- Height of boards: _____ Square ☐ Feet or ☐ Meters
- Height of glass: _____ Square ☐ Feet or ☐ Meters
- Height of glass on sides: _____ Square ☐ Feet or ☐ Meters
- Height of glass on ends: _____ Square ☐ Feet or ☐ Meters
- Is netting used? ☐ Yes ☐ No

Please submit a diagram identifying the following items:

- | | |
|------------------------------|--|
| a. Rink Dimensions | e. Ice machine entrances and storage areas |
| b. Spectator Seating Areas | f. Entrances / Exits |
| c. Concession Areas (stands) | g. Glass Heights around Rink |
| d. Common Areas | h. Netting Locations (if any) |

3.3 Number of staff (total): _____

Full Time: _____

Part Time: _____

Do attendants have any medical training such as first aid or CPR?

☐ Yes ☐ No

Days of the week the operation is OPEN:

☐ Everyday ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

☐ Does the operation shut down for anytime during the year?

☐ Yes ☐ No

Hours of Operation: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

3.4 Open Skate: Number of Employees on duty: On Rink: _____ Off Rink: _____

Average Number of Employees to Participant Ratio: _____

Are all skating guards experienced skaters?

☐ Yes ☐ No

Are rink rules posted and enforced at all times?

☐ Yes ☐ No

Are Instructors employees of the rink?

☐ Yes ☐ No

If no, do they furnish Certificates of Insurance?

☐ Yes ☐ No

Do you require an ice rental agreement?

☐ Yes ☐ No

Is your rink used for figure skating?

☐ Yes ☐ No

Are the skaters members of the following?

☐ Canadian Figure Skating Association ☐ Other Association _____

Is your rink used by hockey teams?

☐ Yes ☐ No

Are the participants members of the following?

☐ Canadian Hockey Association ☐ Other Association _____

Are any skating teams/skaters/skating exhibitions/contests/team sports sponsored by the Rink?

☐ Yes ☐ No

If yes, please specify: _____

Are any skating teams/skaters/skating exhibitions/contests/team sports sponsored by the Rink? ☐ Yes ☐ No

If yes, please submit a copy and ensure the following criteria are met:

- ☐ You are named as Additional Insured
- ☐ Hold Harmless/Indemnification Agreement
- ☐ Minimum Limits of \$1,000,000 General Liability (Including Bodily Injury/Property Damage/Personal Injury and Contractual)

Is a waiver used? ☐ Yes ☐ No

If yes, please submit a copy.

Schedule of Events: Please submit a copy of a calendar or describe events on a separate sheet.

3.5 Are there any contests, shows, dances, or other promotional events that are sponsored by the rink? ☐ Yes ☐ No

If yes, please describe in detail: _____

3.6 What training do your employees receive? _____

What verifications of job knowledge are conducted with your employees? _____

3.7 Do you have emergency evacuation plans for the facility? ☐ Yes ☐ No

If yes, are they in written form? ☐ Yes ☐ No

If yes, please submit a copy.

Are all employees fully trained to implement these plans? ☐ Yes ☐ No

3.8 RINK USE INFORMATION: ICE RINK REVENUE SOURCE SHEET

	INCOME	CERTIFICATES OF INSURANCE OBTAINED?		WAIVERS SIGNED?	
A. GENERAL ADMISSIONS	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Open Public Skate	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skate Rental	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. LESSONS AND OTHER ACTIVITIES					
Recreational Group Lessons	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Figure Skating Lessons	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hockey Lessons	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Senior Hockey Leagues	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skate Sharpening	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parties	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. ORGANIZATION RENTALS					
CHA	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cdn. Figure Skating Assoc.	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High School/College	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clubs & Events	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ice Rink Application v1.0					
D. OTHER					
Concessions	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pro Shop	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vending	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.9 BUILDING

Year of construction: _____

Construction: ☐ Frame ☐ Metal ☐ Masonry ☐ Other: _____

Any updates to the building? ☐ Yes ☐ No

If yes, please provide details: _____

Was facility originally built as a skating rink? ☐ Yes ☐ No

If no, please explain: _____

3.10 FLOOR

Surface in all areas: _____

Are rubber mats or rugs utilized? ☐ Yes ☐ No

If yes, where?: _____

Is the Ice surface ever covered or removed for other activities?

☐ Yes ☐ No

If yes, please explain: _____

Floor surface under ice: _____

Is ice surface inspected prior to any usage for imperfections/damage?

☐ Yes ☐ No

How frequently is thickness of ice checked? _____

What steps are taken to avoid ice becoming too thin in prone areas due to excessive scraping by ice re-surfacing machine? _____

How often is this done? _____

Is skating surface separated from spectator area by a barrier?

☐ Yes ☐ No

If yes, please describe height and construction of barrier: _____

3.11 SEATING

Is spectator seating provided by your rink?

☐ Yes ☐ No

If yes, what type: ☐ Permanent ☐ Temporary / Portable

What is the seating capacity? _____

What is the type / construction: _____

Age: _____

What safety equipment is in place to protect spectators? Netting? Provide details. _____

3.12 PARKING

Do you have parking facilities available?

☐ Yes ☐ No

If yes, who is responsible for repairs/maintenance? _____

How often is parking lot inspected for needed repairs? _____

Who is responsible for snow/ice removal? _____

3.13 EMERGENCY MEDICAL

Do you provide a first aid station?

☐ Yes ☐ No

If yes, who staffs the station?

If no, do you have a first aid kit?

☐ Yes ☐ No

If a third party is responsible for medical, what limit of liability is required?

Do you have an emergency medical procedure in place?

If yes, is it in written form? ☐ Yes ☐ No

What are the response times for the following?

Fire Station: _____

distance from rink: _____

Police: _____

distance from rink: _____

Hospital: _____

distance from rink: _____

3.14 **SECURITY**

Who handles disturbances / fights / ejections / crowd control in your ice rink? _____

Please describe procedures: _____

3.15 **FOOD & BEVERAGE CONCESSIONS**

Do you operate your own concession operations? ☐ Yes ☐ No

If yes, what is sold? _____

Where is it sold? _____

Are there designated eating areas? ☐ Yes ☐ No

If no,

Do you have concessions at your rink? ☐ Yes ☐ No

Who operates the concessions? _____

Do you obtain a Certificate of Insurance? ☐ Yes ☐ No

Are alcoholic beverages sold/served at your rink? ☐ Yes ☐ No

If yes, please fill out the Liquor Liability Application.

Is all food and beverage restricted to a designated area well away from the skating surface? ☐ Yes ☐ No

Are all grills and deep fryers equipped with hoods, automatic fire suppression systems and automatic fuel shutoff controls? ☐ Yes ☐ No

If no, please explain: _____

Are hoods and filters cleaned and degreased regularly? ☐ Yes ☐ No

If yes,

How often? _____

By who? _____

Do commercial cooking systems have a fire suppression system in place? ☐ Yes ☐ No

Is there a semi-annual service contract in place? ☐ Yes ☐ No

3.16 **SERVICES**

Do you have skate rentals? ☐ Yes ☐ No

If yes, what type: ☐ Skating Rink ☐ Subcontractor

If the rink performs the rental operation, do you do repair and/or sharpening work? ☐ Yes ☐ No

If subcontracted,

Do you obtain a Certificate of Insurance? ☐ Yes ☐ No

What is the minimum limit required? _____

Are you added as an Additional Insured? ☐ Yes ☐ No

Are rental skates inspected and sanitized after each rental? ☐ Yes ☐ No

Do you have a Pro Shop?

If yes,

What is the annual revenue? _____

What is sold? _____

Who operates the shop? ☐ Skating Rink ☐ Subcontractor

If subcontracted,

Do you obtain a Certificate of Insurance? ☐ Yes ☐ No

What is the minimum limit required? _____

Are you added as an Additional Insured? ☐ Yes ☐ No

3.17 **MAINTENANCE**

Zamboni:

Age: _____

Is regular maintenance performed on the machine? ☐ Yes ☐ No

If yes, how often? _____

Type of fuel used: _____

Operators' Qualifications: _____

Where is the storage location with respect to the building? _____

General Facility Maintenance (hallways, restrooms, etc.)

Please give a brief description of your procedures: _____

Do you have adequate ventilation systems to exhaust fumes from heater or ice resurfacing machines? ☐ Yes ☐ No

Please describe: _____

3.18 **OPERATIONS:**

Please describe fully and break down the types of operations and work performed by the Applicant:

<u>Operations</u>	<u>Estimated Annual Attendance</u>	<u>Estimated Gross Receipts for the Coming Year</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

If the Insured has food and/or beverage sales, please indicate receipts:

Annual Receipts for: Food: \$ _____ *Alcohol \$ _____

* If receipts indicate liquor sales please fill out Liquor Liability Application

SECTION 4: LIABILITY

4.1 Contractual Liability

A. Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? ☐ Yes ☐ No

If yes, please provide details: _____

B. If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract? ☐ Yes ☐ No

C. If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured? ☐ Yes ☐ No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability? ☐ Yes ☐ No

D. If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians? ☐ Yes ☐ No

If yes, in whole or part, please attach a copy of the waiver.

If no, in whole or part, please explain: _____

4.2 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? ☐ Yes ☐ No

If no, please provide explanation: _____

4.3 Non-Owned Automobile

A. Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? ☐ Yes ☐ No

If yes, please provide details: _____

B. Does the Insured rent or lease vehicles from others? ☐ Yes ☐ No

If yes, (i) How often per year? _____

(ii) Are any of these vehicles driven in the United States? ☐ Yes ☐ No

C. Does the Insured contract services from others? ☐ Yes ☐ No

If yes, please describe: _____

D. Are vehicles used to transport anyone? ☐ Yes ☐ No

If yes, how often and for what purpose? _____

SECTION 5: CLAIMS INFORMATION

- 5.1

Does the Insured have a formal loss-control program?

☐ Yes ☐ No
- If yes, please provide details:
-
- 5.2

Does the Insured have a formal employee safety-training program?

☐ Yes ☐ No
- If yes, please provide details:
-
- 5.3

Does the Insured have a formal premises snow/ice clearance procedure?

☐ Yes ☐ No
- If yes, please provide details:
-
- 5.4

Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):
-

SECTION 6: LIMITS OF LIABILITY REQUIRED

6.1

Commercial General Liability

Each Occurrence Limit

\$

Products - Completed Operations Aggregate Limit

\$

Personal Injury Limit

\$

Tenants Legal Liability Limit

\$

Medical Expense Limit

- Per Occurrence/Per Person

\$

Non-Owned Automobile Limit

- Liability

\$

- Physical Damage

\$

Employee Benefits Limit

\$

Employers Liability Limit

\$

Advertising Injury Limit

\$

Other:

\$

Deductible

\$

SECTION 7: SUMMARY OF REQUESTED ITEMS

Please ensure the following are included with your submission:

- ☐ Copy of Contract(s) with or between: Facility Users and Rink
- ☐ Copy of Contract(s) with or between: Building Owners and Rink
- ☐ Waiver and Release forms used by your organization
- ☐ Schedule of Events-Calendar Year
- ☐ Instructors Certificates-Copies
- ☐ Diagram
- ☐ Subcontractor Certificates of Insurance
- ☐ Evacuation Plans
- ☐ Rink Rules
- ☐ Emergency Medical Plans
- ☐ Copy of Maintenance Manual and sample Log of Maintenance

SECTION 8: DECLARATIONS

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed:_____ Full Name:_____

Position Held:_____ Date:_____

SECTION 7: ADDITIONAL INFORMATION

[illegible]