

SECTION 1: BROKER DETAILS

- 1.1 Name of Agent/Brokerage: _____
Contact Person: _____
Mailing Address: _____

City: _____ Postal Code: _____
Telephone: _____ Fax Number: _____
E-mail address: _____

SECTION 2: RISK DETAILS

- 2.1 Effective Dates
Policy period required from (effective date): _____ to (expiry date): _____
- 2.2 Named Insured as it is to appear on policy: _____
- 2.3 Name of Organization (if different): _____
- 2.4 Mailing Address: _____

- 2.5 What is the insured?
☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify) _____
- 2.6 Physical Address of Organization (if different than mailing):
Address: _____

- 2.7 Webpage: _____
- 2.8 Provide number of years the business has been in operation: _____
Hours of operation: _____
Square footage of the establishment: _____
Anticipated Gross Revenue \$ _____
Prior Year Gross Revenue \$ _____
- 2.9 Does the applicant presently carry insurance? ☐ Yes ☐ No
If yes, please identify the name of the company that insures the risk: _____
Current premium: _____
If no, please explain: _____

- Is the current insurer offering renewal? ☐ Yes ☐ No
If no, please explain: _____

2.10 Please list all equipment / amusements on premises:

Name of Equipment	Limit of Coverage	Age
1. _____		
2. _____		
3. _____		
4. _____		

Please attach a picture of each unit.

2.11 Is the Equipment CSA Approved?

☐ Yes☐ No

Who installed the equipment? _____

Was it done according to manufacturers instructions?

☐ Yes☐ No

How is equipment anchored: _____

Type of floor covering? _____

What maintenance program is in effect for play equipment/structures? _____

How often are maintenance inspections done? _____

Is Insured allowed to deviate from manufacturer’s recommendations for assembly?

☐ Yes☐ No

Are there any trampolines or jumpy pillows?

☐ Yes☐ No

If yes, how many? _____

2.12 Please list any inflatables:

Make	Model	Serial Number	Manufacturer’s Name	Where Manufactured
1. _____				
2. _____				
3. _____				
4. _____				

Please attach a copy of the TSSA permit and a picture of each unit.

Please indicate the following details for any inflatables listed in the above table:

Actual Cash Value	Height	Width Length	Age	Rate of Deflation
1. _____				
2. _____				
3. _____				
4. _____				

2.13 What is the maximum capacity of the premises?

Approximate number of children annually: _____

Ages of children? _____

Is parental supervision required at all times?

☐ Yes☐ No

Number of employees supervising the play area: _____

Are there daycare or child minding operations on site?

☐ Yes☐ No

Do you have a formal set of policies and procedures for screening the character and criminal history of your Employees or Volunteers, prior to selection?

☐ Yes☐ No

2.14 Do the premises meet all Fire Department requirements? ☐ Yes ☐ No
 Where are the fire extinguishers kept? _____
 Is there a maintenance agreement in place? ☐ Yes ☐ No

2.15 Will food be served on the premises? ☐ Yes ☐ No
 If yes, what type and who prepares it? _____

2.16 Are all employees required to obtain vulnerable person checks and background checks prior to hiring? ☐ Yes ☐ No
 What procedures are in place for dealing with a child who becomes ill or injured at the playground? _____

 What is the policy regarding sickness or communicable diseases? _____

Please provide a copy of the written operations manual, including emergency procedures.

SECTION 3: LIABILITY

3.1 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
 If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? ☐ Yes ☐ No
 If no, please advise procedures followed and details of contracts used: _____

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: _____

3.2 **Workers Compensation**

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

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

SECTION 4: CLAIMS INFORMATION

4.1 Does the Insured have a formal loss-control program? ☐ Yes ☐ No

If yes, please provide details: _____

4.2 Does the Insured have a formal employee safety-training program? ☐ Yes ☐ No

If yes, please provide details: _____

4.3 Does the Insured have a formal premises snow/ice clearance procedure? ☐ Yes ☐ No

If yes, please provide details: _____

4.4 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 5: LIMITS OF LIABILITY REQUIRED

5.1 **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: _____	\$	_____

SECTION 6: 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]