

Facility Users Application

Part 1:

Name of Facility: _____

Mailing Address: _____

Location Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____

Title: _____ Tel: _____ Cell: _____

Fax: _____ E-Mail: _____

Part 2:

Does your facility offer rental of any the following to third party users:

Hall/Drop-in Center Skating Rink Wall Climbing

Curling Rink Classroom Gymnasium

Swimming Pool Playground Sports Field

Other: _____

Limit requested: _____

Part 3:

Hall Rental

Annual Revenue from Hall Rental: _____

- | | |
|---|-------------|
| 1.) Do you have a standard rental agreement? | ___ Y ___ N |
| 2.) Do you receive a damage deposit? | ___ Y ___ N |
| 3.) Do you require third party to provide Liquor Coverage? | ___ Y ___ N |
| 4.) Do you provide bartending? | ___ Y ___ N |
| 5.) Do you have written procedures for serving alcohol? | ___ Y ___ N |
| 6.) Do you require confirmation of insurance from Third Parties for liquor? | ___ Y ___ N |
| 7.) Do you provide security services? | ___ Y ___ N |

If yes, please describe any written procedure _____

Part 4:

Sports Fields

Annual Revenue from Sports Field Rental: _____

2.) Are there posted rules & regulations?

___Y ___N

3.) Is there any supervision?

___Y ___N

3.) Who is responsible for the maintenance of the fields? _____

Part 5:

Claims/Previous Insurance History

1. During the last five (5) years, have you ever had a claim or an incident that could lead to a claim?

If yes, please provide details _____

2. Previous insurer _____

Authorized Signature

Date

Print Name & Title