

**Toronto Office:** 18 King St. E., Suite 300 Toronto, ON M5C 1C4  
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

**Montreal Office:** 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8  
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

## INDOOR PLAYGROUND APPLICATION

1. Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Contact Name: \_\_\_\_\_
4. Name of Facility: \_\_\_\_\_
5. Hours of Operation: \_\_\_\_\_
6. Experience in Industry: \_\_\_\_\_
7. Years in Business: \_\_\_\_\_
8. Estimated annual receipts: \_\_\_\_\_
9. Maximum capacity: \_\_\_\_\_
10. Average number of children per day: \_\_\_\_\_
11. Please list all equipment/amusements in the area:  
\_\_\_\_\_  
\_\_\_\_\_
12. Is the equipment CSA approved?       Yes     No  
Who installed it? \_\_\_\_\_  
How is it anchored? \_\_\_\_\_  
How often are maintenance inspections done? \_\_\_\_\_

13. Do you provide daycare/babysitting?  Yes  No

Is there parental supervision at all times?  Yes  No

14. Are the children supervised by staff members?  Yes  No

How many staff members? \_\_\_\_\_

15. What rules apply to delivery and pick up of children?

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16. What is the policy regarding sickness or communicable disease?

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17. Do you supply food/drinks?  Yes  No

If Yes, please describe: \_\_\_\_\_

18. What procedures are in place for dealing with injured children at the playground?

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19. What are the safety procedures in the event of a fire?

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20. Do you use any medical or registration forms?

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21. What procedures are in place for the handling and storage of potentially harmful items such as cleaners, paints etc.?

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22. Do you have a formal set of policies and procedures for screening the character and criminal history of your employees or volunteers prior to hiring?  Yes  No

If Yes, please describe: \_\_\_\_\_

23. Limit of coverage:

\$1,000,000  \$2,000,000  3,000,000  \$4,000,000  \$5,000,000

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



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