



5800 Explorer Drive, Suite 101
Mississauga, ON L4W 5K9
905-602-9339 or 800-753-2632
Fax: 905-602-9141
www.kandkcanada.com
K&K Insurance Brokers, Inc. Canada

FACILITY INSURANCE APPLICATION

Facility Name: _____ Facility Age: _____

1. Policy period required from: _____ to _____
(Year) (Year)

INSURED:

2. Named Insured as it is to appear on policy: _____

3. What is the Insured? Corporation Partnership Joint Venture
 Individual Other

4. a) Mailing Address: _____
(Number) (Street) (City) (Prov.) (Postal Code)

b) Address of Facility (if different than mailing):

(Number) (Street) (City) (Prov.) (Postal Code)

Ph: _____ Fax: _____ Email: _____

5. Web Site: _____

6. Doing Business As: _____

7. Name, Address and Description of Operations of all Subsidiary Companies:

BROKER

8. Name of Agent/Brokerage: _____

9. Contact Person: _____

10. Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

GENERAL INFORMATION

11 Annual Admissions: _____ Seating: _____ Capacity: _____

12 Total Gross Receipts: _____ Concession Receipts: _____

13. Additional Insureds: (as they will appear on the policy)

NAME _____

ADDRESS _____

RELATIONSHIP* _____

If additional space is required, please use the back of this form or attach a separate sheet.

* if the additional insured is an owner, manager or lessor of the premises, please indicate the part of the premises leased or rented to you by the designated additional insured as respects your activity or operation.

14. Who is responsible for the following? (check one)

	FACILITY	TENANT	SUB-CONTRACTED	OTHER	(DESCRIBE)
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concession Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
First Aid (personnel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air Ambulance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MediaContacts (TV/RADIO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

- 16. Are Certificates of Insurance obtained from those services that are sub-contracted? Yes No
- 17. Are all parking lots well lit? Yes No
- 18. Are areas patrolled before event? Yes No
- 19. During event? Yes No
- 20. After event? Yes No
- 21. Is there valet parking? Yes No
- 22. Are tailgate parties permitted? Yes No

If yes, please describe specific security (please attach additional page if more space is needed.)

23. How long has current management been at this facility? _____

24. Name of person in charge of security? _____

25. How long has this person held this position? _____

26. How many security personnel are utilized on event day? _____

27. Are uniformed officers present? Yes No

28. Are security personnel armed? Yes No

Enclose copies of all printed instructions and training manuals for security personnel.

29. Is there an emergency evacuation plan established for the facility? Yes No

If yes, please attach a copy of the plan.

30. Please answer the following questions regarding the named areas of the facility:

AREA	MEETS LOCAL/COUNTY/UNIFORM SAFETY CODES?			NON-SKID SURFACE	WELL ILLUMINATED				
All Ramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Concessions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Walkways and Aisles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Restrooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Locker Rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Stairs and Stairways	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

31. Are there escalators? Yes No

32. Are all entrance egress areas clearly marked? Yes No

33. Describe general maintenance, housekeeping and maintenance of building grounds and parking lots:

Excellent Good Fair Poor

34. Are signs posted in high traffic areas and announcements made on the public address systems to make spectators aware of assumption of risk in attending the event activities? Yes No

Please explain: _____

35. Are restrooms monitored? Yes No

How often? _____

36. Are crews prepared and on-duty to clean up spills? Yes No

37. Are coolers, thermoses, bottles or cans permitted on premises during events? Yes No

38. Are banners, flags or pompoms permitted in the facility during the event? Yes No

39. What is the distance between event areas to the nearest spectator seating areas? _____

40. What precautions are taken to prevent spectators from entering restricted areas? _____

41. Are alcoholic beverages sold? Yes No Served? Yes No

42. Are security personnel present at alcohol distribution sites? Yes No

43. Describe fire fighting and/or prevention equipment, features, numbers and locations. (i.e. extinguishers, hydrants, sprinklers, etc.) _____

44. What is the response time of nearest fire station: _____ minutes.

45. Are first aid facilities maintained? Yes No

46. Are attending medical professional available? Yes No

47. What is the response time of nearest ambulance: _____ minutes.

48. Are TV/media used in the facility? Yes No

(describe equipment used and safety precautions taken – i.e. placement of wired, power equipment secured, placement of tripod cameras, etc.)

49. Does the insured presently carry insurance of this type? Yes No

If "yes", company's name: _____

50. Has any insurance carrier cancelled or refused coverage? Yes No

If "yes", please explain: _____

51. Please list the loss information for the past three years (enclose corresponding company loss runs):

Policy Year 19 _____ 19 _____ 19 _____

Total Premium \$ _____ \$ _____ \$ _____

Total Insured Claims \$ _____ \$ _____ \$ _____

Description of claims or reserves over \$10,000: _____

52. Limits of Liability required:

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:	\$ _____

53. Operations:

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

Operations	Estimated Annual Attendance	Estimated Gross Receipts for the Coming Year

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

Food \$ _____

Alcohol \$ _____

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

c) Does the Insured have any discontinued operations?

Yes No

If yes, please state details: _____

54. How long has Applicant been in business? _____

55. What specific expertise does the Applicant's employees and/or volunteers have related to the Applicant's business? _____

56. 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 no, in whole or part, please explain: _____

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

57. Protective Liability

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ _____ Sublet? \$ _____

Please describe the types of work let or sublet: _____

58. Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: _____

59. Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation?

Yes

No

If no, please explain: _____

60. Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft?

If yes, please give details: _____

61. 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? _____ (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) Does the Insured contract services from others for the purpose of operating Vehicles to perform maintenance, service, haulage or snow removal operations?

Yes

No

62. Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date

63. 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.)

64. Please provide deductible or self-insured retention amounts for each year noted in question 63.

Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect Any deductible provision(s) contained in existing or previous insurance policies? Yes No

65. Please attach a copy of the Insured's most recent audited financial statement.

66. Does the Insured have a formal loss-control program? Yes No

If yes, please provide details: _____

67. Does the Insured have a formal employee safety-training program? Yes No

If yes, please provide details: _____

68. Does the Insured have a formal premises snow/ice clearance procedure? Yes No

If yes, please provide details: _____

69. Does the Insured have a formal equipment or premises maintenance procedure? Yes No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel: _____

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED AND THAT THE APPLICATION WILL BECOME A PART OF ANY CONTRACT OF INSURANCE ENTERED INTO. ANT MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. I FURTHER WARRANT THAT I HAVE MADE OR WILL MAKE THE NECESSARY MAINTENANCE INSPECTIONS AND THAT ALL NECESSARY REPAIRS HAVE BEEN MADE TO ENSURE THAT MY PROPERTY AND OPERATIONS ARE AND WILL REMAIN IN COMPLIANCE WITH ANY UNDERWRITING CRITERIA FURNISHED ME.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Signature: _____ Date: _____

Title: _____

Agent/Broker: _____