

Ice Rink Application

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 _____ to _____ (effective date) (expiry date)
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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: _____

Facility Information

2.6

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:

2.7

				Please specify:	
Rink size (area):	_____	Square	Feet	<input type="checkbox"/>	Meters <input type="checkbox"/>
Height of boards:	_____		Feet	<input type="checkbox"/>	Meters <input type="checkbox"/>
Height of glass:	_____		Feet	<input type="checkbox"/>	Meters <input type="checkbox"/>
Height of glass on sides:	_____		Feet	<input type="checkbox"/>	Meters <input type="checkbox"/>
Height of glass on ends:	_____		Feet	<input type="checkbox"/>	Meters <input type="checkbox"/>
Is netting used?			Yes	<input type="checkbox"/>	No <input type="checkbox"/>

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)

2.8

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: _____

2.9

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

2.10

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	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please submit a copy and ensure the following criteria are met:				
<input type="checkbox"/>	You are named as Additional Insured			
<input type="checkbox"/>	Hold Harmless/Indemnification Agreement			
<input type="checkbox"/>	Minimum Limits of \$1,000,000 General Liability (Including Bodily Injury/Property Damage/Personal Injury and Contractual)			
Is a waiver used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please submit a copy.				

Schedule of Events:

2.11

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

Are there any contests, shows, dances, or other promotional events that are sponsored by the rink?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe in detail:				
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<hr/>				

2.12

What training do your employees receive?
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What verifications of job knowledge are conducted with your employees
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2.13

Do you have emergency evacuation plans for the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, are they in written form?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please submit a copy.				
Are all employees fully trained to implement these plans?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

RINK USE INFORMATION: ICE RINK REVENUE SOURCE SHEET

2.14

	Income	Certificates of Insurance Obtained?		Waivers signed?	
		Yes	No	Yes	No
A. GENERAL ADMISSIONS					
Open Public Skate	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skate Rental	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. LESSONS AND OTHER ACTIVITIES					
Recreational Group Lessons	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Figure Skating Lessons	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey Lessons	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Hockey Leagues	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skate Sharpening	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parties	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. ORGANIZATION RENTALS					
CHA	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cdn. Figure Skating Assoc.	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High School/College	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clubs & Events	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. OTHER						
Concessions	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pro Shop	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:		\$				

RINK USE INFORMATION: ICE RINK REVENUE SOURCE SHEET

2.15 Building

Year of construction:	
Construction:	
Frame <input type="checkbox"/>	Metal <input type="checkbox"/>
Masonry <input type="checkbox"/>	Other: _____
Any updates to the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	
Was facility originally built as a skating rink?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please explain:	

2.16 Floor

Surface in all areas:	
Are rubber mats or rugs utilized?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, where?:	

Is the Ice surface ever covered or removed for other activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:				
<hr/>				
Floor surface under ice: <hr/>				
<hr/>				
Is ice surface inspected prior to any usage for imperfections/damage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
How frequently is thickness of ice checked? <hr/>				
What steps are taken to avoid ice becoming too thin in prone areas due to excessive scraping by ice re-surfacing machine?				
<hr/>				
<hr/>				
How often is this done? <hr/>				
Is skating surface separated from spectator area by a barrier?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe height and construction of barrier:				
<hr/>				
<hr/>				

2.17 Seating

Is spectator seating provided by your rink?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what type:	Permanent	<input type="checkbox"/>	Temporary / Portable	<input type="checkbox"/>
What is the seating capacity? <hr/>				
What is the type / construction: <hr/>				
Age: <hr/>				
What safety equipment is in place to protect spectators? Netting? Provide details.				
<hr/>				
<hr/>				
<hr/>				

2.18 Parking

Do you have parking facilities available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes,				
Who is responsible for repairs/maintenance? _____				
How often is parking lot inspected for needed repairs? _____				
Who is responsible for snow/ice removal? _____				

2.19 Emergency Medical

Do you provide a first aid station?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, who staffs the station? _____				
If no, do you have a first aid kit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If a third party is responsible for medical, what limit of liability is required? _____				
Do you have an emergency medical procedure in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, is it in written form?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What are the response times for the following?				
Fire Station: _____	distance from rink:	_____		
Police: _____	distance from rink:	_____		
Hospital: _____	distance from rink:	_____		

2.20 Security

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

Please describe procedures:

2.21 Food & Beverage Concessions:

Do you operate your own concession operations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes,				
What is sold? _____				

Where is it sold?				_____
Are there designated eating areas?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no,				
Do you have concessions at your rink?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Who operates the concessions?				

Do you obtain a Certificate of Insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are alcoholic beverages sold/served at your rink?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all grills and deep fryers equipped with hoods, automatic fire suppression systems and automatic fuel shutoff controls?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please explain:				

Are hoods and filters cleaned and degreased regularly?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes,				
How often?				
By who?				

Do commercial cooking systems have a fire suppression system in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a semi-annual service contract in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.22 Services

Do you have skate rentals?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what type:				
Skating Rink	<input type="checkbox"/>	Subcontractor	<input type="checkbox"/>	
If the rink performs the rental operation, do you do repair and/or sharpening work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If subcontracted,				
Do you obtain a Certificate of Insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What is the minimum limit required?				

Are you added as an Additional Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Are rental skates inspected and sanitized after each rental?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a Pro Shop?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes,				
What is the annual revenue? _____				
What is sold? _____				
Who operates the shop?	Skating Rink	<input type="checkbox"/>	Subcontractor	<input type="checkbox"/>
If subcontracted,				
Do you obtain a Certificate of Insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What is the minimum limit required? _____				
Are you added as an Additional Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.23 Maintenance

Zamboni:				
Age: _____				
Is regular maintenance performed on the machine?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
Please describe: _____				

Operations

2.24

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

Does the Insured have food and/or beverage sales?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate receipts:		
		Food: \$ _____
		*Alcohol: \$ _____

* If receipts indicate liquor sales please complete and include a Liquor Liability Application

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	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3.2 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please provide explanation.				

3.3 Non-Owned Automobile

<p>a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, please give details:</p>				
<p>_____</p> <p>_____</p> <p>_____</p>				
<p>b) Does the Insured rent or lease vehicles from others?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, (i) How often per year? :</p>				
<p>(ii) Are any of these vehicles driven in the United States?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>_____</p> <p>_____</p> <p>_____</p>				
<p>c) Does the Insured contract services from others?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, please describe:</p>				
<p>_____</p> <p>_____</p> <p>_____</p>				
<p>d) Are vehicles used to transport anyone?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If yes, how often and for what purpose?</p>				
<p>_____</p> <p>_____</p>				

Section 4: Claims Information

4.1

Does the Insured have a formal loss-control program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
<hr/>				
<hr/>				

4.2

Does the Insured have a formal employee safety-training program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
<hr/>				
<hr/>				

4.3

Does the Insured have a formal premises snow/ice clearance procedure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
<hr/>				
<hr/>				

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.):

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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:	\$
Deductible	\$

Summary of Requested Items

Please ensure the following are included with your submission:	
Copy of Contract(s) with or between:	
<input type="checkbox"/>	Facility Users and Rink
<input type="checkbox"/>	Building Owners and Rink
<input type="checkbox"/>	Waiver and Release forms used by your organization
<input type="checkbox"/>	Schedule of Events-Calendar Year
<input type="checkbox"/>	Instructors Certificates-Copies
<input type="checkbox"/>	Diagram
<input type="checkbox"/>	Subcontractor Certificates of Insurance
<input type="checkbox"/>	Evacuation Plans
<input type="checkbox"/>	Rink Rules
<input type="checkbox"/>	Emergency Medical Plans
<input type="checkbox"/>	Copy of Maintenance Manual and sample Log of Maintenance

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

Additional Information: