

# ARENAS, MULTIPLEXES, AND WINTER CLUBS APPLICATION

## General Information (Please Print Or Type)

Name of Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Facility if different from above: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Website address: \_\_\_\_\_

Affiliations: National \_\_\_\_\_ International \_\_\_\_\_

Following please list those entities which you are CONTRACTUALLY OBLIGED to list as an Additional Insured.

*\*If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, with respect to your activity or operation.*

Desired effective date \_\_\_\_\_

How long has rink been in operation? \_\_\_\_\_

Manager's Name: \_\_\_\_\_ How long has manager been at this facility? \_\_\_\_\_

Qualifications/ Experience of Manager: \_\_\_\_\_

Number of ice /field surfaces: \_\_\_\_\_ Size of ice /field surface(s): \_\_\_\_\_

Square Footage of Facility: \_\_\_\_\_

Please submit **a diagram** identifying the following items:

- |   |   |
|---|---|
| a. Rink Dimensions/Field Dimensions           | e. Ice Machine & Storage Areas              |
| b. Spectator Seating Areas including capacity | f. Entrances / Exits                        |
| c. Concession Areas (stands)                  | g. Glass Heights & Boards around Rink/Field |
| d. Common Areas                               | h. Netting Locations (if any)               |

Is operation open year round or seasonally? Provide details:

Is there a swimming pool?      Yes      No      If so, please complete attached swimming questionnaire.

Are there any activities involving trampolines and/or inflatable jumping pillows?      Yes      No

Is the rink/field      indoor      outdoor

If outdoor: Describe how you monitor ice quality \_\_\_\_\_

Describe how you secure rink /field when closed: \_\_\_\_\_

**REVENUES:** \_\_\_\_\_

**A. ARENA/FACILITY RUN PROGRAMS:**

*\*Please be advised that we will only write a facility where there are in house run programs with a participant liability requirement.*

Use:	Number of Participants Annually	Are Waivers Signed?	Is there Contact?	Gross Receipts	Any U.S or Foreign participants?
Public Skating					
Youth Hockey Leagues					
Adult Hockey Leagues					
Hockey Schools					
Learn to Skate					
Dry Land Training					
Ringette					
Curling					
Soccer (Facility Run Leagues)					
Tournaments (Arena Sponsored)					
Bonspeils					
Swimming lessons					
Aquafitness					
Other swimming activities (pool parties, etc)					

**B. RENTAL REVENUE:**

Use:	Gross Rental Receipt	Do you require certificates of insurance	Is an ice rental agreement signed?	Affiliation (CHA, Skate Canada, etc)
Youth Hockey				
Adult Hockey				
Hockey Schools				
Learn to Skate				
Figure Skating				
Ringette				
Curling				
Soccer				
Camps or Clinics				
Swimming rentals				

**C. OTHER REVENUES:**

Use:	Gross Receipts
Total Rentals	
Food Service/ Concession/ Vending	
Liquor	
Pro Shop Revenue	
Skate Rental/ Skate Sharpening Revenue	
Other Revenues (please provide list)	

If restaurant/lounge proshop is subcontracted, do you request a certificate of insurance and request to be added as an additional insured?

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Do you have the following: (If yes, please provide copies for underwriting):

- Rink/Facility Rules Posted:        Yes        No
- Code of Conduct Posted        Yes        No
- Written Emergency Plans        Yes        No
- Safety Inspection Checklist        Yes        No
- Maintenance Log        Yes        No
- Ice Resurfacing Log        Yes        No
- Video Surveillance        Yes        No

Describe Areas of Coverage: \_\_\_\_\_

**Maintenance:**

Describe regular maintenance on rink/field/facility: \_\_\_\_\_

Do you document this maintenance in writing? \_\_\_\_\_

Describe Floor Surface in all areas: \_\_\_\_\_

Are rubber mats or rugs utilized? \_\_\_\_\_

Is the Ice Surface ever covered or removed for other activities? Describe: \_\_\_\_\_

Describe Floor Surface under ice/field: \_\_\_\_\_

Is Ice Surface inspected prior to any usage for any imperfections/damage? \_\_\_\_\_

How frequently is the thickness of ice checked? \_\_\_\_\_

What steps are taken to avoid ice becoming too thin in prone areas due to excessive scraping by ice re-surfacing machines?

How often is this done? \_\_\_\_\_

Do you have parking facilities available?            Yes            No

If yes:    a) Who is responsible for repairs/ maintenance? \_\_\_\_\_

b) How often is parking lot inspected for needed repairs? \_\_\_\_\_

c) Who is responsible for snow/ice removal? \_\_\_\_\_

**Security:**

Who handles disturbances/ fights/ ejections/ crowd control in your facility: \_\_\_\_\_

Please describe procedures: \_\_\_\_\_

**Safety:**

Do you provide a first aid station? \_\_\_\_\_

Who staffs the station? Is there an attendant on duty at all times? \_\_\_\_\_

What are the response times for the following:

Fire Station: \_\_\_\_\_

Police: \_\_\_\_\_

Hospital: \_\_\_\_\_

Do you have any potential to travel to the United States for business operations? \_\_\_\_\_

**Desired Coverage Limits:**

General Liability \_\_\_\_\_

Sports Accident \_\_\_\_\_

Sports Travel (Excess hospital Medical) \_\_\_\_\_

Property \_\_\_\_\_

Other \_\_\_\_\_

Indicate any other coverages and limits that will be carried in conjunction with the coverage you desire from SPECIAL RISK INSURANCE MANAGERS LTD. \_\_\_\_\_

Is insurance coverage to be extended on a blanket basis \_\_\_\_\_

**Are all coaches/trainers of house run programs certified?** \_\_\_\_\_

Please explain certification process \_\_\_\_\_

**Past Insurance Experience**

Do you presently carry insurance?            Yes            No

If yes, with which Insurance Carrier? \_\_\_\_\_

Has any Insurance Carrier cancelled or refused coverage?            Yes            No

If yes, explain: \_\_\_\_\_

**Coverage and Loss History – PLEASE BE ADVISED THAT WE MAY NOT QUOTE IF THIS AREA IS NOT FULLY COMPLETED.**

Indicate limits carried, corresponding premiums paid and total losses for the past 3 years (Attach company loss history - verification if required)

Coverage	Limit Carried	Premium	Total Losses
General Liability			
Participant Liability			
Excess Medical			
Accidental Death & Dismemberment			
Other: _____			

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES UNDERWRITING THIS APPLICATION.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Swimming Questionnaire**

Named Insured: \_\_\_\_\_

Legal Address: \_\_\_\_\_

Description of Swimming Facility: \_\_\_\_\_

Are your swimming facilities open to the general public?      Yes      No

Are life rings or buoys provided and within easy access?      Yes      No

Is there a life guard on duty at all times the facility is open?      Yes      No

Are the facility rules posted clearly?      Yes      No

Are trained employees available for emergencies?      Yes      No

Is there diving boards?      Yes      No

Is there a waterslide?      Yes      No

If yes, what is the height & length? \_\_\_\_\_

Is there any other water sports at the facility?      Yes      No

If yes, describe: \_\_\_\_\_

Is the facility fenced?      Yes      No

Is there a locked gate?      Yes      No

Is the depth of pool clearly marked?      Yes      No

**Please provide a layout diagram of the facility including any safety equipment, fencing, gates, diving boards, water slides or other related equipment.**