



[Commercial Sports & Rec]
ICE RINK APPLICATION

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PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Applicant: _____

Name of Insured Club (as it is to appear on policy):

Name of Organization (if different): _____

Mailing Address: _____ Postal Code: _____

Desired Effective Date: DD/MM/YY _____ Expiry Date: DD/MM/YY _____

PART 2 COMPANY / FACILITY INFORMATION

What is the Insured?

Corporation Partnership Individual Joint Venture Other:

Location of Facility: _____

No. of years business has been in operation: _____ Number of Staff: Total Full-Time: _____ Total Part-Time: _____

Rink Details:

Particulars	Measurement(s)	Please Specify if Feet or Metres
<input type="checkbox"/> Rink size (area) Square		<input type="checkbox"/> Feet <input type="checkbox"/> Metres (Length X Width)
<input type="checkbox"/> Height of Boards:		<input type="checkbox"/> Feet <input type="checkbox"/> Metres
<input type="checkbox"/> Height of Glass:		<input type="checkbox"/> Feet <input type="checkbox"/> Metres
<input type="checkbox"/> Height of Glass on Sides:		<input type="checkbox"/> Feet <input type="checkbox"/> Metres
<input type="checkbox"/> Height of Glass on Ends:		<input type="checkbox"/> Feet <input type="checkbox"/> Metres
<input type="checkbox"/> If Netting is Used:		<input type="checkbox"/> Feet <input type="checkbox"/> Metres

Do Attendants have any medical training such as First Aid or CPR? Yes No

Please advise which days of the week the rink is open:

Please list hours of operation for each day open:

SAT: _____ **SUN:** _____ **MON:** _____ **TUES:** _____ **WED:** _____ **THURS:** _____ **FRI:** _____

Does operation shut down at any time during the year? Yes No If "Yes", when? _____

Open Skate: Number of employees on duty: _____ On Rink: _____ Off Rink: _____

Average number of "Employees to Participants" ratio: _____

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 Skaters members of the following: Canadian Figure Skating Association Other Association:

Is your rink used by hockey teams? Yes No

If "Yes", are the Participants members of the following: Canadian Hockey Association Other Association:

Are skating teams, skaters, skating exhibitions, contests, or team sports sponsored by the Rink? Yes No Is a waiver used? Yes No

Please show any sponsorships and details below:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do you have emergency evacuation plans for the facility? Yes No

If "Yes" to above, are they in written form? Yes No **Please Provide a Copy**

Are all employees fully trained to implement these plans? Yes No

PART 3 RINK USE INFORMATION / ICE RINK REVENUE SOURCE SHEET

Detail	Income	Certificates of Insurance Obtained?	Waivers Signed?
GENERAL ADMISSIONS:			
Open Public Skate	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skate Rental	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
LESSONS AND OTHER ACTIVITIES:			
Recreational Group Lessons	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Figure Skating Lessons	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hockey Lessons	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Senior Hockey Leagues	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skate Sharpening	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parties	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ORGANIZATION RENTALS:			
Canadian Hockey Association	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Canadian Figure Skating Association	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High School College	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clubs & Events	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SALES:			
Concessions	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pro Shop	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vending	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL:	\$		

BUILDING CONSTRUCTION:

Year of Construction: Frame Metal Masonry Other:

Any updates to the building? Yes No If "Yes", please give details below:

FLOOR: Surface of all areas:

Are rubber mats or rugs utilized? Yes No If "Yes", please give details below:

Is the surface ever covered or removed for other activities? Yes No If "Yes", please give details below:

Floor surface under ice:

Is the floor surface inspected prior to usage for any imperfections/damage? Yes No

How frequently is ice checked?

Is skating surface separated from Spectator area by a barrier? Yes No If "Yes", please detail height and construction of barrier below:

SEATING: Is spectator seating provided by your rink? Yes No If "Yes", is it: Permanent Temporary/Portable

What is the seating capacity? What is the type / construction?

What is age of seating?

What safety equipment is in place to protect Spectators (i.e. Netting)? Please describe below:

PARKING: Do you have parking facilities available? Yes No If "Yes", who is responsible for the repairs/maintenance?

How often is parking lot inspected for needed repairs?

Who is responsible for snow/ice removal?

EMERGENCY MEDICAL: Do you provide a first aid station? Yes No If "Yes", who staffs the station?

If "No" to above, do you have a first aid kit on premises? Yes No

Do you have a medical emergency procedure in place? Yes No If "Yes", please describe below:

What are the response times for the following: Fire Station response time: Distance from rink:

Police Station response time: Distance from rink: Hospital response time: Distance from rink:

SECURITY: Who handles disturbances / fights / ejections / crowd control in your ice rink? Please record below, along with procedures for handling:

FOOD & BEVERAGE CONCESSIONS:

Do you operate your own concessions? Yes No If "Yes", please list what is sold below:

Are there designated eating areas? Yes No

Who operates your concessions? _____ If subcontracted, do you obtain a Certificate of Insurance? Yes No

Is all food and beverage restricted to an area well away from the skating surface? Yes No

Are all grills and deep fryers equipped with hoods, automatic fire suppression systems and automatic fuel shutoff controls? Yes No

If "No" to above, please explain:

Are hoods and filters degreased regularly? Yes No If "Yes", how often? _____ By who? _____

Do commercial cooking systems have a fire suppression system in place? Yes No

Is there a semi-annual service contract in place? Yes No

SERVICES: Do you have skate rentals? Yes No

If the rink performs the rental operation, do you repair and/or provide skate sharpening? Yes No

If "subcontracted", do you obtain a Certificate of Insurance? Yes No Are you added as an Additional Insured? Yes No

MAINTENANCE: Zamboni Yes No Age of Zamboni: _____ Yrs. Is regular maintenance performed on machine? Yes No

Type of fuel used: _____ Where is Zamboni stored, in relation to the rink? _____

Do you have adequate ventilation systems to exhaust fumes from heater of ice resurfacing machines? Yes No Please describe below:

Does the Insured have food and beverage sales? Yes No If "Yes", please indicate sales receipts below:

Food : \$ _____ Alcohol \$ _____ **If receipts indicate liquor sales, please complete and include a Liquor Liability Application**

PART 4 LIABILITY

CONTRACTUAL LIABILITY:

Does the Insured sign any contracts where they assume the Liability of others, or waive Subrogation Rights? Yes No

If the Insured subcontracts work out to independent contractors, or rents or leases premises to others, do they always use a single, standard contract? Yes No

If the Insured subcontracts work out to independent contractors, or rents or leases premises to others, including Concessionaires, do they require the other contracting party provide the Insured with a Certificate of Standard CGL insurance showing the Insured added as an Additional Insured? Yes No

If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL Participants or their Legal Guardians? Yes No



WORKERS COMPENSATION:

Are all employees and contractors, including students and volunteers, covered by Workers Compensation? Yes No List any comments below:

PART 5 CLAIMS INFORMATION

Does the Insured have a formal loss control program? Yes No If "Yes", please describe below:

Does the Insured have a formal employee safety training program? Yes No If "Yes", please describe below:

Does the Insured have a formal snow/ice clearance procedure? Yes No If "Yes", please describe below:

Check here if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Please attach any available insurance company loss reports with this application

PART 6 LIMITS OF LIABILITY

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:	\$
Non-Owned Automobile Limit – Physical Damage:	\$
Employees Benefits Limit:	\$
Employers Liability Limit:	\$
Advertising Injury Limit:	\$
Other:	\$
DEDUCTIBLE:	\$



ADDITIONAL COMMENTS?

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____

BROKER DECLARATION

- How long have you known this Applicant? _____
- Is this account new or renewal to you? _____
- Have you personally viewed the Applicant's operations? _____
- What is the condition of facilities and equipment? _____
- What is the applicant's attitude toward risk management and insurance? _____
- Do you recommend this Applicant? _____

Broker's Signature: _____ Position: _____

Please print name: _____ Date: _____

Please ensure the following are included with your submission:

Copy of Contract(s) between: <input type="checkbox"/> Facility Users & Rink <input type="checkbox"/> Building Owners & Rink
<input type="checkbox"/> Waiver and Release Forms used by your Organization
<input type="checkbox"/> Schedule of Events (Calendar Year) <input type="checkbox"/> Instructor Certificate copies
<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 & Sample Log of Maintenance