



[Commercial Sports & Recreation]
INDOOR PLAYGROUND APPLICATION

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PART 1 GENERAL INFORMATION

Broker:	Contact Person:	Tel:
Name of Applicant:		
Mailing Address:	Postal Code:	
Address of Facility:		
Number of years in business:	Date Established:	
Current Insurer or Broker:	Premium: \$	

PART 2 COMPANY INFORMATION

Describe Applicant's experience in this industry:

What is the square footage of the facility?

Please list all amusements/equipment on the premises:

Who is the Manufacturer(s) of the play structures?

How is equipment anchored?

Type of floor covering?

What maintenance program is in effect for equipment/structures?

How often are maintenance inspections done?

Is Insured allowed to deviate from manufacturers' recommendations for assembly? Yes No

How often are balls and ball bins cleaned?

What is the maximum capacity of the premises (average)? Number of children allowed per day?

Ages of children: Is parental supervision required at all times? Yes No

Are there any trampolines and/or foam pits? Yes No

Number of Supervisory Staff?

Ages of Supervisory Staff:

Qualifications of Supervisory Staff:

[Empty text box for qualifications]

Number of Employees supervising play area:

Is there a set ratio of Attendants to children? Yes No If "No", please explain below:

[Empty text box for explanation]

Do you provide babysitting services? Yes No

Do you offer Summer/Day Camps? Yes No

Are there any medical or registration forms used? Yes No If "Yes", please provide copies

What is the policy regarding sickness or communicable diseases?

[Empty text box for policy]

Will food be served on the premises? Yes No

If "Yes" to above, please describe food types and who prepares it:

[Empty text box for food description]

Is there any deep frying? Yes No Is there property CO2 safety system in place? Yes No

What are the minimum requirements for first aid training of staff?

Anticipated revenue for the year? \$

Last Year's Revenue: \$

PART 3 LIMITS REQUESTED

COVERAGE	LIMIT	DEDUCTIBLE
Property (Complete Commercial Property Supplement)		
Commercial General Liability		
Tenant's legal Liability		
Other:		

PART 4 LOSS HISTORY

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



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: _____