

Indoor Playground 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) |

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: _____

2.6

| | |
|---|----------|
| Provide number of years the business has been in operation: | _____ |
| Hours of operation: | _____ |
| Square footage of the establishment: | _____ |
| Anticipated Gross Revenue | _____ \$ |
| Prior Year Gross Revenue | _____ \$ |

2.7

Does the applicant presently carry insurance? Yes No

If yes, please identify the name of the company that insures the risk: _____

Current premium: _____

If no, please explain:

Is the current insurer offering renewal? Yes No

If no, please explain:

2.8 Please list all equipment / amusements on premises:

| | Name of Equipment | Limit of Coverage | Age |
|----|-------------------|-------------------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Please attach a picture of each unit.

2.9

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Is the Equipment CSA Approved? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Who installed the equipment? | | | | |
| Was it done according to manufacturers instructions? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| How is equipment anchored: | | | | |
| Type of floor covering? | | | | |
| What maintenance program is in effect for play equipment/structures? | | | | |
| How often are maintenance inspections done? | | | | |
| Is Insured allowed to deviate from manufacturer's recommendations for assembly? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are there any trampolines or jumpy pillows? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, how many? | | | | |

2.10 Please list any inflatables:

| | Make / Model / Serial Number / Manufacturer's Name / Where Manufactured |
|----|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

Please attach a copy of the TSSA permit and a picture of each unit.

Please indicate the following details for any inflatables listed in the above table:

| | Actual Cash Value | Height | Width | Length | Age | Rate of Deflation |
|----|-------------------|--------|-------|--------|-----|-------------------|
| 1. | \$ | | | | | |
| 2. | \$ | | | | | |
| 3. | \$ | | | | | |
| 4. | \$ | | | | | |

2.11

| | | |
|---|-----|--|
| What is the maximum capacity of the premises? | | _____ |
| Approximate number of children annually: | | _____ |
| Ages of children? | | _____ |
| Is parental supervision required at all times? | Yes | <input type="checkbox"/> No <input type="checkbox"/> |
| Number of employees supervising the play area: | | _____ |
| Are there daycare or child minding operations on site? | Yes | <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have a formal set of policies and procedures for screening the character and criminal history of your Employees or Volunteers, prior to selection? | Yes | <input type="checkbox"/> No <input type="checkbox"/> |

2.12

| | | |
|--|-----|--|
| Do the premises meet all Fire Department requirements? | Yes | <input type="checkbox"/> No <input type="checkbox"/> |
| Where are the fire extinguishers kept? | | _____ |
| Is there a maintenance agreement in place? | Yes | <input type="checkbox"/> No <input type="checkbox"/> |

2.13

| | | |
|--|-----|--|
| Will food be served on the premises? | Yes | <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, what type and who prepares it? | | _____ |
| | | _____ |

2.14

| | | |
|--|-----|--|
| Are all employees required to obtain vulnerable person checks and background checks prior to hiring? | Yes | <input type="checkbox"/> No <input type="checkbox"/> |
| What procedures are in place for dealing with a child who becomes ill or injured at the playground? | | _____ |
| | | _____ |
| What is the policy regarding sickness or communicable diseases? | | _____ |
| | | _____ |
| Please provide a copy of the written operations manual, including emergency procedures. | | |

Section 3: Liability

3.1 Contractual Liability

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| <p>a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?</p> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <p>If yes, please provide details:</p> | | | | |
| <hr/> | | | | |
| <hr/> | | | | |
| <hr/> | | | | |
| <p>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?</p> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <p>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?</p> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <p>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?</p> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <p>d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?</p> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

3.2 Workers Compensation

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

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/> | | | | |

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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|-------|
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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: | \$ |

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: