

Inline / Sports Facility 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?

Commercial Non-Profit Other (specify) _____

2.4 What is the insured?

Owner Tennant Please provide a copy of the lease agreement)

Please ensure to attach a diagram that includes dimensions, spectator seating areas, common areas, concession areas/stands, entrances/exits, storage areas and offices.

2.5 Physical Address of Organization (if different than mailing)*:

Address: _____

*If more than one location, please enclose list.

2.6 Webpage: _____

2.7

Provide number of years the business has been in operation: _____

Provide number of years under the present management: _____

2.8 Additional Insureds (As they are to appear on the policy)*

| Name | Relationship | Address |
|------|--------------|---------|
| | | |
| | | |
| | | |

*Subject to approval by K&K Insurance Canada

2.9

Type of Facility: _____

Indoor Outdoor

2.10

Capacity of the establishment: _____

Square footage of the establishment: _____

Response time of nearest Fire Station _____

Response time of nearest Ambulance _____

2.11

| | |
|------------------------|--|
| Total Number of staff: | |
| Full-Time: | |
| Part-Time | |

2.12

| | |
|----------------------------------|--|
| Hours /Days/Months of operation: | |
| Type of flooring: | |

2.13 Please answer the following questions:

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Are rules posted and enforced at all times? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are signs clearly posted to identify exits and hazards? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do participants wear safety equipment at all times? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, what equipment is mandatory? | | | | |
| ----- | | | | |
| Are participants required to sign a waiver and release form? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the Insured a member of a sanctioning body? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are instructors employees of the Insured? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If no, are they required to provide Certificates of Insurance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are referees employees of the insured? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are parking lots well-lit and/or patrolled? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are written emergency procedures in place? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please provide a copy | | | | |
| Are written procedures in place respecting restroom monitoring and cleanup during operations? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are attending medical professionals available on the premises? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are quad skates allowed to be worn at any time? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Does the facility have any ramps, obstacle courses, etc? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are any structural alterations contemplated within the next year? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are certificates listing applicant as an Additional Insured obtained for sub-contracted services? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please provide copies | | | | |

Skatepark Exposure

2.14

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Do you have a skate park operation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are all skate park operations supervised at all times by an attendant? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| What medical training do attendants require? | <input type="checkbox"/> | CPR | <input type="checkbox"/> | First-Aid |
| Will the facility rent or repair equipment? (inline skates, bicycles, skateboards) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the premises lit for night time operations? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the facility inspected and maintained daily? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is a daily written log kept to track inspections and maintenance procedures? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Sample copies of the log sheets must be submitted with the application | | | | |
| Are there separate areas for the different exposures? (i.e. skateboards, Inline skates, bicycles) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please list all that will be allowed: | | | | |
| _____ | | | | |
| What is the minimum age requirement to enter the skate park area? | | | | |
| _____ | | | | |
| Are children under the age of 12 require to be in a separate area? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Please describe how the age of the participants are verified: | | | | |
| _____ | | | | |
| _____ | | | | |

What protective equipment is required at all times?

Is this is an outdoor facility? Yes No

If yes, how is the facility secured to eliminate unauthorized access?

What is the max./min. ratio of staff to patron? _____

Are there any jumps into foam pits? Yes No

If yes, what safety equipment such as barriers or padding are in place?

Operations

2.15 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 |
|------------|-----------------------------|--|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

2.16

Does the Insured have food and/or beverage sales? Yes No

If yes, please indicate receipts:

Food: \$ _____

*Alcohol: \$ _____

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

2.17

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Does the Insured have any discontinued operations? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please state details: | | | | |
| <hr/> | | | | |
| <hr/> | | | | |

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: | | | | |
| <hr/> | | | | |
| <hr/> | | | | |
| 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"/> |
| If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? | | | | |
| 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 No

If no, in whole or part, please explain:

If yes, in whole or part, please attach a copy of the waiver.

3.2 Protective Liability

a) Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)? Yes No

If yes, what is the annual cost of work?

Let \$ _____

Sublet \$ _____

If yes, please give details of the sublet:

b) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations? Yes No

3.3 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? Yes No

If no, please provide explanation.

3.4 Non-Owned Automobile

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

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: | | \$ |

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: