



#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

ARENAS, MULTIPLEXES, & WINTER CLUBS APPLICATION

General Information (Please Print Or Type)

1. Name of Insured: _____
Mailing Address: _____
Name of Facility if different from above: _____
Address of Facility: _____
Website address: _____

2. Affiliations: (a) National _____ International _____

3. 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.

4. Desired effective date _____

5. How long has rink been in operation? _____
Manager's Name _____ How long has manager been at this facility? _____
Qualifications/ Experience of Manager: _____

6. Number of ice /field surfaces: _____ Size of ice /field surface(s): _____
Square Footage of Facility: _____

7. 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) |

8. Is operation open year round or seasonally? Provide details: _____

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

10. Is the rink/field indoor _____ outdoor _____

If outdoor: Describe how you monitor ice quality _____

Describe how you secure rink /field when closed: _____

11. **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					
Other (provide list)					

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				
Other (Provide List)				

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? _____

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

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

Describe Areas of Coverage: _____

12. 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? _____

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? _____

13. Security:

a) Who handles disturbances/ fights/ ejections/ crowd control in your facility: _____

b) Please describe procedures: _____

14. Safety:

- a) Do you provide a first aid station? _____
- b) Who staffs the station? Is there an attendant on duty at all times? _____
- c) What are the response times for the following:
 - Fire Station: _____
 - Police: _____
 - Hospital: _____

15. 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 _____

17. Indicate any other coverages and limits that will be carried in conjunction with the coverage you desire from SPORTS-CAN INSURANCE CONSULTANTS LTD. _____

18. 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

19. Do you presently carry insurance? _____ YES _____ NO
 If yes, with which Insurance Carrier? _____
 Has any Insurance Carrier cancelled or refused coverage? _____
 If yes, explain: _____

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

20. 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

1. Named Insured: _____

2. Legal Address: _____

3. Description of Swimming Facility: _____

- | | | |
|---|-----|----------|
| 4. Are your swimming facilities open to the general public? | Yes | No |
| 5. Are life rings or buoys provided and within easy access? | Yes | No |
| 6. Is there a life guard on duty at all times the facility is open? | Yes | No |
| 7. Are the facility rules posted clearly? | Yes | No |
| 8. Are trained employees available for emergencies? | Yes | No |
| 9. Is there diving boards? | Yes | No |
| 10. is there a waterslide? If yes, what is the height & length? | Yes | No _____ |
| 11. Is there any other water sports at the facility? | Yes | No |

Describe: _____

- | | | |
|--|-----|----|
| 12. Is the facility fenced? | Yes | No |
| 13. Is there a locked gate? | Yes | No |
| 14. 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.