



**SPORTS FACILITY OPERATORS APPLICATION**  
**(Stadiums, Arenas, Swimming Pools, Playing Fields, Multiplexes)**

**General Information:**

- 1. Name of Applicant: \_\_\_\_\_
- 2. Mailing Address: \_\_\_\_\_
- 3. Name of Facility: \_\_\_\_\_
- 4. Facility Address: \_\_\_\_\_
- 5. Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ 6. Web site: \_\_\_\_\_
- 7. Applicant is:     Individual     Corporation     Partnership     Other: \_\_\_\_\_
- 8. Number of years in operation: \_\_\_\_\_ with current management: \_\_\_\_\_
- 9. Manager's Name: \_\_\_\_\_ # of Years as Manager at this Facility: \_\_\_\_\_
- 10. Management Experience and Qualifications: \_\_\_\_\_
- 11. Type(s) of Sports/Activities/Events: \_\_\_\_\_
- 12. Is the property:
  - Privately Owned (rented by organization)     Organization Owned     Municipality Owned

**If Rented, Please attach a copy of the Lease Agreement**

**Current/Most Recent Coverage Information**

- Insurance Company: \_\_\_\_\_ Dates of Coverage: \_\_\_\_\_
- Any losses in the past five years?     Yes     No    **If Yes, Attach Loss Record for the Past Five Years**
- Has any form of Insurance ever been cancelled/declined?     Yes     No    If "Yes", please provide details: \_\_\_\_\_
- Requested Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Desired Coverage:**

- 1. Desired Limit of Commercial General Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_
- 2. Property: Limit \_\_\_\_\_ Contents: \_\_\_\_\_ Deductible: \_\_\_\_\_
  - Extensions:    Flood     Yes     No    Earthquake     Yes     No    Sewer Back-Up     Yes     No
  - Extra Expense: \_\_\_\_\_ Rental Income: \_\_\_\_\_
- 3. Hired and Non-Owned Auto: Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_ No of Vehicles: \_\_\_\_\_
  - Types of Vehicles: \_\_\_\_\_ Average Auto Value: \_\_\_\_\_ Estimated No of Days Rental: \_\_\_\_\_
- 4. Would you like a Tenant-User Policy to provide insurance for companies who rent the venue facilities?     Yes     No
- 5. Sports Participant Accident:
  - Sport: \_\_\_\_\_ # Participants: \_\_\_\_\_     Gold     Silver     Platinum

**Facilities:**

1. Total size of premises: \_\_\_\_\_ Total area of buildings: \_\_\_\_\_ # of outdoor fields: \_\_\_\_\_

**Please attach a site diagram of the property and buildings, including spectator areas, playing areas, concessions and exits**

2. Are grounds completely fenced?  Yes  No If no, explain: \_\_\_\_\_

3. Description of Facilities: **Please attach separate sheet if needed**

Type of Facility	Number	Location		Year Constructed
Ice Skating Rink	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Roller Skating Rink	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Swimming Pool	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Whirlpool/Jacuzzi	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Sauna/Steam Room	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Skateboard Park/Ramps	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Playground Equipment	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Baseball Diamond	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Soccer Field	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Football Field	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Jogging Track	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Bicycle Track	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Gymnasium	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Handball/Racquetball/Squash	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Basketball Court	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Fitness Centre	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Climbing Wall	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Tanning Machine	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Trampoline	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Tennis Court	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Snackbar/Concession	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Restaurant	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Bar	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Pro Shop/Retail Shop/Vendor	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Childcare Services	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Shower Rooms	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Tanning Beds	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Lockers	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Masseuse/Physical Therapy	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Diet Plans/Nutrition Info.	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Other (specify:) _____	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Other (specify:) _____	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____

4. Building Construction (attach separate schedule if necessary):

Building No. 1

Number of Stories: \_\_\_\_\_ Area of Building: \_\_\_\_\_ Age of Building: \_\_\_\_\_

If over 25 years, list any updates which have been done: \_\_\_\_\_

Construction of Walls: \_\_\_\_\_ Roof: \_\_\_\_\_ Floors: \_\_\_\_\_

Heat Source: \_\_\_\_\_ Basement?  Yes  No

Burglar Alarm?  Yes  No If Yes, what type:  Central  Monitoring  Local  ULC  Partial

Building No. 2

Number of Stories: \_\_\_\_\_ Area of Building: \_\_\_\_\_ Age of Building: \_\_\_\_\_

If over 25 years, list any updates which have been done: \_\_\_\_\_

Construction of Walls: \_\_\_\_\_ Roof: \_\_\_\_\_ Floors: \_\_\_\_\_

Heat Source: \_\_\_\_\_ Basement?  Yes  No

Burglar Alarm?  Yes  No If Yes, what type:  Central  Monitoring  Local  ULC  Partial

5. Are fire extinguishers easily accessible in all buildings?  Yes  No

How often are they checked? \_\_\_\_\_

Are hydrants and hoses strategically located and accessible?  Yes  No

6. Are all doors equipped with double cylinder deadbolt locks?  Yes  No If No please describe protection:

Describe any other protection against fire and/or theft: \_\_\_\_\_

**Activities:**

1. Please Describe the Total Annual Participation: **Please attach a copy of all Waivers and/or Medical Forms used**

**1) In House Programs**

**If Any Participants are under the Age of 18, Please attach supplemental Sexual Abuse Information Application**

Program/Activity:	<u>Total # Participants</u>	<u># of Minor Participants (under 18)</u>	<u># Teams/ Groups</u>	<u>Gross Receipts</u>	<u>Waivers Signed? (If Yes, attach a copy)</u>	<u>Estimated #of Foreign Participants</u>
Public Skating	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Skating Lessons	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Basketball	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Hockey Leagues	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Swimming Lessons	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Baseball Leagues	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Ringette	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Curling	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
pecial Events	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other: _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other: _____	_____	_____	_____	_____	<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	_____

**2) Facility Rental Activity:**

Program/Activity:	<u>Number of Hours Rented</u>	<u>Certificate of Insurance Obtained?</u>	<u>Gross Rental Receipts</u>	<u>Waivers Signed? (If Yes, Attach a Copy</u>	<u>Affiliation of Group Renting</u>
Public Skating	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Skating Lessons	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Basketball	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Hockey Leagues	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Swimming	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Baseball Leagues	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Ringette	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Curling	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Special 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	_____
Other: _____	_____	<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	_____

## Fundraising

Describe fundraising activities: \_\_\_\_\_  
Annual receipts from fundraising: \_\_\_\_\_

### Other Annual Gross Receipts: Please list yearly gross receipts from:

Foodservice: \_\_\_\_\_ Liquor: \_\_\_\_\_  
Retail: \_\_\_\_\_ Lessons: \_\_\_\_\_  
Venue Rental: \_\_\_\_\_ Other: \_\_\_\_\_

If there is "Other" revenue, please describe: \_\_\_\_\_

## In House Sports Program Information

1. Are you under the jurisdiction of a governing body?  Yes  No

**If Yes, Please attach a copy of the rules and regulations to which your organization adheres**

If Yes, what organization: \_\_\_\_\_

Is this a national, regional or local governing body? \_\_\_\_\_

Is every league within this body required to provide liability insurance?  Yes  No

2. Total Membership: **Please fill out the chart below or attach a schedule of membership numbers**

Participants:	<u>Total</u>	<u>Females</u>	<u>Males</u>
Age 9 and under	_____	_____	_____
Age 10 to 12	_____	_____	_____
Age 13 to 15	_____	_____	_____
Age 16 to 18	_____	_____	_____
Age 18 to 45	_____	_____	_____
Age 45 and over	_____	_____	_____

**If Participants are under the Age of 18, Please attach supplemental Sexual Abuse Information Application**

Total Player Participants: \_\_\_\_\_ Total Non-Player Participants: \_\_\_\_\_

Number of: Teams: \_\_\_\_\_ Games: \_\_\_\_\_ Volunteers: \_\_\_\_\_ Coaches: \_\_\_\_\_

3. Are coaches/instructors certified?  Yes  No If Yes, by whom? \_\_\_\_\_

4. Are officials/referees certified?  Yes  No If Yes, by whom? \_\_\_\_\_

5. Does your organization impose a code of conduct for the coaches/instructors?  Yes  No **Please attach a copy**

6. Does your organization have a written policy regarding the hiring of coaches/instructors?  Yes  No

**If Yes, please attach a copy**

7. Any competitions/events?  Yes  No If yes, describe: \_\_\_\_\_

8. Any potential for travel outside of the province/country?  Yes  No If yes, describe: \_\_\_\_\_

9. How are the participants transported to events? \_\_\_\_\_

If Buses are used, does the bus company provide a Certificate of Insurance?  Yes  No

10. Is there a written safety program?  Yes  No **If Yes, please attach a copy**

11. What safety gear does your organization require:

a) Helmets?  Yes  No b) Shoulder Pads?  Yes  No

If so, are they D.O.T. approved?  Yes  No c) Hip, Tail, Thigh, Knee Pads?  Yes  No

Are Visors/Shields required?  Yes  No d) Mouthguards?

Please list all other gear used: \_\_\_\_\_

12. Are spikes or cleats permitted?  Yes  No

**General Operating Information:**

1. Estimated Attendance Per Year: Spectators: \_\_\_\_\_ Special Events: \_\_\_\_\_

2. Number of Staff: Total: \_\_\_\_\_ Per Shift: \_\_\_\_\_ Full-Time: \_\_\_\_\_

3. Do you operate concessions?  Yes  No If Yes, what is sold? \_\_\_\_\_

4. Are there Cooking Facilities on the premises?  Yes  No If Yes Describe: \_\_\_\_\_

Who is providing food, applicant or other (name)? \_\_\_\_\_

If Other than Applicant, is Certificate of Insurance provided?  Yes  No

Is Applicant named as Additional Insured thereon?  Yes  No

Describe the type(s) of food served: \_\_\_\_\_

5. Are all food service areas checked and maintained regularly?  Yes  No How often? \_\_\_\_\_

6. Any sales of alcoholic beverages on the premises?  Yes  No **If Yes, attach Liquor Liability Application**

7. Are all areas of the premises well lit, including spectator areas and parking lots?  Yes  No

8. Describe Security: a) while facility is open: \_\_\_\_\_

b) when facility is closed: \_\_\_\_\_

Who is responsible for providing Security (name)? \_\_\_\_\_

If Other than Applicant, is Certificate of Insurance provided?  Yes  No Limit: \_\_\_\_\_

9. Are all personnel (including instructors and trainers) your employees?  Yes  No

If "No", please list those that are not and whether they carry their own insurance:

Name	Carry Own Insurance?	Limit
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

10. Please list all sub-contractors below (i.e. maintenance, nurses, masseur/masseuse, physical therapists, etc.) and indicate whether they carry their own insurance naming you as an Additional Insured, and what limits are carried:

Name	Limits	Square Feet	Additional Insured?	Licensed/Certified?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. As respects this operation, list the contracts entered into by this applicant, and whether the Named Insured assumes liability for the other party: \_\_\_\_\_

12. Is First Aid available?  Yes  No If Yes, number of staff trained: \_\_\_\_\_ Number of medical personnel on site:

EMTs: \_\_\_\_\_ Nurses: \_\_\_\_\_ Doctors: \_\_\_\_\_ Other: \_\_\_\_\_

13. Are Heart Defibrillators Available?  Yes  No If Yes, number: \_\_\_\_\_ Location(s): \_\_\_\_\_

Describe any other medical facilities on site (eg nurse station): \_\_\_\_\_

14. Does the organization require emergency medical personnel on site at major events?  Yes  No

15. Does the organization require persons certified in First Aid and CPR onsite or immediately available at all times?  
 Yes  No

16. Distance to Nearest Hospital: \_\_\_\_\_

17. Is Video Surveillance used:  Indoors  Outdoors If Yes, is it:  Video Tape  Digital Other: \_\_\_\_\_

How long are videos retained: \_\_\_\_\_

### **Risk Management**

1. Describe how you monitor ice/ground/surface/floor quality: \_\_\_\_\_

2. Are playing surfaces, as well as premises floors and stairwells checked daily and maintained regularly?  
 Yes  No **If yes, please attach a copy of the maintenance logs if available**

3. Are fields/facilities inspected prior to play?  Yes  No If Yes, by whom? \_\_\_\_\_

4. Does the field/facility contain bleachers?  Yes  No If Yes, are they:  Permanent  Portable  
If Permanent, When were they installed? \_\_\_\_\_ What is their construction? \_\_\_\_\_  
How often are they inspected? \_\_\_\_\_ By whom? \_\_\_\_\_

5. What steps are taken to ensure ice surface is safe prior to each use and during daily activity?  
\_\_\_\_\_

6. Is the Ice surface ever covered or removed for other activities?  Yes  No If Yes, Describe:  
\_\_\_\_\_

7. Are any floor surfaces in the facility of a non-skid/non-slip surface?  Yes  No If Yes, explain:  
\_\_\_\_\_

8. Are tables and chairs in good condition and subject to regular inspection and repair?  Yes  No

9. Please state the frequency of washroom checks/maintenance: \_\_\_\_\_

10. Are there any elevators or escalators on the premises?  Yes  No If Yes, identify number and type:  
Elevators: \_\_\_\_\_  
Escalators: \_\_\_\_\_

11. Is there a maintenance log or schedule recording the activities in question number(s) 1 to 5, and/or 8 to 9 above?  
 Yes  No **If Yes, Please attach a sample of each log or schedule**

12. Describe any safety precautions for spectator protection: \_\_\_\_\_  
\_\_\_\_\_

13. Describe any precautions to prevent unauthorized persons from entering restricted areas or interfering with play:  
\_\_\_\_\_

14. Is there a written safety program?  Yes  No **If Yes, please attach a copy**

15. Are any Rules of Conduct Posted?  Yes  No If Yes, Where? \_\_\_\_\_ **please attach a copy**

16. Do you have parking facilities available?  Yes  No Number of spaces: \_\_\_\_\_  
Who is responsible for repairs/maintenance/snow removal? \_\_\_\_\_

How often is parking lot inspected for needed repairs? \_\_\_\_\_

Both indoors and outdoors, are curbs, steps, ledges highlighted?  Yes  No

Are the exits clearly marked?  Yes  No

Are stairways and emergency egress routes equipped with emergency lighting?  Yes  No

17. Is there an emergency evacuation plan established for the facility?  Yes  No **If Yes, please attach a copy**

18. Is there a back-up generator or other power supply in an emergency?  Yes  No

19. Is Signage used throughout the Facility to indicate proper use of Equipment, Club Features, and Off-Limits Areas?  
 Yes  No

20. Are there GFI Protectors on all Outlets in the Locker/Shower/Wet Areas?  Yes  No

19. Is smoking allowed anywhere on the premises?  Yes  No If "Yes", please describe: \_\_\_\_\_

20. Is there a video arcade or games room?  Yes  No If "Yes", please describe: \_\_\_\_\_

21. Is there a Spa, Fitness Centre or Recreational Activities?  Yes  No If "Yes", please describe: \_\_\_\_\_

22. Is there a Swimming Pool on the Premises?  Yes  No If "Yes", please describe: \_\_\_\_\_

If Yes, describe Safety Precautions, including description of Lifeguarding, if any: \_\_\_\_\_

Is it open to the general public?  Yes  No Are Pool Rules posted clearly?  Yes  No

Is the depth of pool clearly marked?  Yes  No Is the facility fenced and locked?  Yes  No

Do you keep a Pool Maintenance Log?  Yes  No How often: \_\_\_\_\_

Is there a diving board, waterslide or other amusement device?  Yes  No If Yes, describe: \_\_\_\_\_

Height: \_\_\_\_\_ Length: \_\_\_\_\_

Describe Water Activities at Facility, or attach Schedule: \_\_\_\_\_

23. **Please provide a layout diagram of the swimming facility including equipment, fencing, gates, diving boards, water slides or other similar property**

24. Do you provide any Childcare Services?  Yes  No **If Yes, Please fill out Childcare Application**

25. Describe any hazard in need of correction: \_\_\_\_\_

26. Are there any other types of attractions, facilities, overnight accommodations, office/apartment rentals etc.: 1) on the grounds?  Yes  No 2) for which coverage is desired?  Yes  No

If Yes please describe: \_\_\_\_\_

27. Please list any additional exposures not previously described: \_\_\_\_\_

### Special Events:

1. Does Entertainment ever include Fireworks or Pyrotechnics?  Yes  No

**If Yes, please attach Supplementary Pyrotechnics Application**

2. Do you require Entertainers to provide Evidence of Insurance?  Yes  No

Do you agree to Hold Harmless the Entertainers while performing?  Yes  No

**Attach a copy of agreements used**

3. **Please attach a Schedule of Special Events planned for the upcoming year, and Last Year's Schedule**

4. Is Lighting permanent or temporary? \_\_\_\_\_  
 If Temporary, who is responsible for set up of same, Applicant or Other (name)? \_\_\_\_\_  
 If Other than Applicant, is Certificate of Insurance provided?  Yes  No  
 Limit: \_\_\_\_\_ Insurer: \_\_\_\_\_
5. If a Stage is involved, is it a Permanent or Temporary Stage? \_\_\_\_\_  
 If Temporary, who is responsible for set up of same, Applicant or Other (name)? \_\_\_\_\_  
 If Other than Applicant, is Certificate of Insurance provided?  Yes  No  
 Limit: \_\_\_\_\_ Insurer: \_\_\_\_\_
6. Describe any temporary structures not previously listed: \_\_\_\_\_  
 Who is responsible for set up of same, Applicant or Other (name)? \_\_\_\_\_  
 If Other than Applicant, is Certificate of Insurance provided?  Yes  No  
 Limit: \_\_\_\_\_ Insurer: \_\_\_\_\_

**Hold Harmless Agreements**

1. Is Applicant signing any Hold Harmless Agreements?  Yes  No **\*If Yes, attach a copy**
2. Is Applicant being Held Harmless by Others?  Yes  No **\*If Yes, attach a copy of agreement**

**Loss Payable**

Loss, if any, is payable to: \_\_\_\_\_

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

NAME	ADDRESS	RELATIONSHIP TO YOU*
1. _____	_____	_____
2. _____	_____	_____

**Please attach the following information to this application:**

- a. Loss Runs for the previous five years
- b. Diagram of property layout and buildings
- c. Copy of Brochure or other Advertising/Promotional Material
- d. Current Schedule of Activities and Events
- e. Copy of all Contracts and Waivers
- f. Supplementary Liquor Application, if applicable
- g. Supplementary Sexual Abuse Application, if applicable
- h. Supplementary Pyrotechnics Application, if applicable
- i. Written Evacuation Plan, Security and Safety Guidelines and Procedures
- j. Staff Guidelines and Procedures
- k. A Copy of all Maintenance Logs or Schedules

**THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:**

- a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- b) The signing and filing of this application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response thereto.
- c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- d) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_