



SKATING RINK/ARENA GENERAL LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

2. **Mailing Address:**

Website Address:

Facility Address:

3. How long has the rink been in operation?

Qualifications/Experience of Insured:

4. Number of ice surfaces:

Height of boards:

Size(s) of surface(s):

Height of glass:

5. Total No. of Staff:

Full-time:

Part-time:

Total Payroll:

6. Are all employees covered under WSIB?

Yes

No

If No, please list numbers by job description and estimated payroll:

Total Payroll:

No. of Employees:

7. Gross Revenues:

General Admissions:

Food/Concessions:

Ice Rentals:

Liquor sales:

Skate Rentals:

Others:

Describe:

8. Are independent contractors used for any operations? Yes No
If so, please specify receipts and activity:

Is proof of insurance obtained from contractor? Yes No
If No, please explain:

If Yes, please provide what limits they are required to provide: _____

9. Is any Liability assumed under contract? Yes No
If Yes, provide details and a copy of the contract:

10. Is operation open year-round or seasonal? _____
Hours and Days of Operation: _____

11. Open Skate: Number of Employees on Duty: _____
Is there an "on-ice" supervisor at all times? Yes No

12. Are rink/arena rules posted and enforced at all times? Yes No

13. a) Do any hockey leagues or teams use the facility? Yes No

b) Are all teams/leagues required to provide a certificate of insurance that includes injury to participants? Yes No
If Yes, please attach copy.

If No, is team/league to be added to this coverage? Yes No

Total number of players: _____ Total number of teams: _____

Are waivers signed by all players? (or by parent/guardian of underage) Yes No
If Yes, please attach copy.

14. Does team/league organize any tournaments or other competitions or exhibitions? Yes No
If Yes, please provide full details (i.e. number, type, duration, estimated number of participants, etc.):

15. Is facility used or rented out for any purpose other than hockey or figure skating? Yes No
If Yes, please provide details and copy of rental agreement, if any:

16. Is there a specific area licensed for the service of alcohol? Yes No

Who operates the lounge? _____

If independently operated, is proof of insurance requested from operator? Yes No

What limit of liability is requested from operator? _____

Are all servers required to take a server training course? Yes No

17. Do you have a written Emergency Evacuation procedure? Yes No

Do premises comply with all Fire Department and Safety Regulations? Yes No

If No, please explain:

18. What is the construction and age of building? _____

Are rubber mats used throughout facility? Yes No

Is the ice surface ever removed or covered for other activities? Yes No

Is ice surface inspected prior to any usage? Yes No

Is ice resurfaced or cleaned with a zamboni machine? Yes No

Is operator trained in its proper use? Yes No

Is spectator seating provided? Yes No

Is it permanent or temporary? _____

What is the seating capacity? _____ What is the type/construction? _____

Do you have parking facilities? Yes No

Number of Spaces: _____

Who is responsible for repairs/maintenance? _____

Who is responsible for snow removal? _____

If independent contractor, is proof of insurance obtained? Yes No

What limit of liability? _____

19. Is a First Aid Station provided? Yes No

Who staffs the station? Full time?

Qualifications, training?

20. Who handles disturbances/fights/ejections/crowd control? _____

Is security officer or loss prevention engineer employed? _____

21. Does applicant presently carry insurance? Yes No

If Yes, who is the present insurer:

_____ Premium: _____

Is the present insurance Claims Made? Yes No

If Yes, state retro date: _____

Are they willing to renew? Yes No

If No, please explain:

Does the policy cover all operations of the Insured? Yes No

If No, please describe:

22. **Claims History:**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? Yes No
 If Yes, give details:

23. **Non-Owned Automobile**

Number of employees using their automobile on company business:

Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles:

Estimated annual cost of automobiles operated under contract:

(Please provide details):

24. Please indicate limit(s) of liability required: _____

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 basis 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.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

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.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.com**