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Arenas, Multiplexes & Winter Clubs Application

General Information

1. Name of Insured: _____
2. Mailing Address: _____
3. Name of Facility, if different from above: _____
4. Address of Facility: _____
5. Website Address: _____
6. Affiliations:
 - a. National _____
 - b. International _____
7. 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.
8. Desired effective date: _____
9. How long has rink been in operation? _____
10. Manager's name: _____
11. How long has manager been at this facility? _____
12. Qualifications / experience of manager: _____
13. Number of ice / field surfaces: _____ Size of ice / field surfaces: _____
14. Square footage of facility: _____
15. Please submit a diagram identifying the following items:

<ol style="list-style-type: none"> a. Rink Dimensions / Field Dimensions b. Spectator Seating Areas including capacity c. Concession Areas (stands) d. Common Areas 	<ol style="list-style-type: none"> e. Ice Machine & Storage Areas f. Entrances / Exits g. Glass Heights & Boards around Rink / Field h. Netting Locations (if any)
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16. Is operation open year round or seasonally? Provide details: _____

17. Is there a swimming pool? If yes, please complete the attached swimming questionnaire.
 Yes No

18. Is the rink / field indoor _____ outdoor _____

19. If outdoor, describe how you monitor ice quality: _____

20. Describe how you secure rink / field when closed: _____

Revenues

21. 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)					

22. 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)				

23. 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)	

24. If restaurant / lounge / proshop is subcontracted, do you request a certificate of insurance and request to be added as an additional insured? _____

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

Rink / Facility Rules Posted:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Code of Conduct Posted:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Written Emergency Plans:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safety Inspection Checklist:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Maintenance Log:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ice Resurfacing Log:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Video Surveillance:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

26. Describe areas of coverage: _____

Maintenance

- 27. Describe regular maintenance on rink / field / facility: _____

- 28. Do you document this maintenance in writing? _____
- 29. Describe floor surface in all areas: _____
- 30. Are rubber mats or rugs utilized? _____
- 31. Is the ice surface ever covered or removed for other activities? Describe: _____

- 32. Describe floor surface under ice / field: _____
- 33. Is ice surface inspected prior to any usage for any imperfections / damage? _____
- 34. How frequently is the thickness of ice checked? _____
- 35. What steps are taken to avoid ice becoming too thin in prone areas due to excessive scraping by ice re-surfacing machines? _____

- 36. How often is this done? _____
- 37. Do you have parking facilities available? _____
- 38. If yes to the above question,
 - 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? _____

Security

- 39. Who handles disturbances / fights / ejections / crowd control in your facility? _____

- 40. Please describe procedures: _____

Safety

- 41. Do you provide a first aid station?
Yes No
- 42. Who staffs the station? Is there an attendant on duty at all times? _____
- 43. What are the response times for the following:
 - a. Fire Station: _____
 - b. Police: _____
 - c. Hospital: _____

44. Do you have any potential to travel to the United States for business operations?

Yes No

Desired Coverage Limits

45. Please complete the following:

- General Liability _____
- Sports Accident _____
- Sports Travel (excess hospital medical) _____
- Property _____
- Other _____

46. Indicate any other coverages and limits that will be carried in conjunction with the coverage you desire from Agile Underwriting Solutions: _____

47. Is insurance coverage to be extended on a blanked basis?

Yes No

48. Are all coaches / trainers of house run programs certified?

Yes No

49. Please explain certification process: _____

Past Insurance Experience

50. Do you presently carry insurance?

Yes No

51. If yes, with which insurance carrier? _____

52. Has any insurance carrier cancelled or refused coverage?

Yes No

53. If yes, explain: _____

Coverage and Loss History (Please be advised that we may not quote if this area is not fully completed)

54. 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.

I certify that all statements made in this application are complete and accurate and apply for a contract of insurance based upon the truth of the statements.

Signature of applicant (or authorized representative) _____

Print Name and Title _____

Date _____

55. Name Insured: _____

56. Legal Address: _____

57. Descriptions of Swimming Facility: _____

58. Are your swimming facilities open to the general public?

Yes No

59. Are life rings or buoys provided and within easy access?

Yes No

60. Is there a life guard on duty at all times the facility is open?

Yes No

61. Are the facility rules posted clearly?

Yes No

62. Are trained employees available for emergencies?

Yes No

63. Are there diving boards?

Yes No

64. Is there a waterslide? If yes, what is the height & length?

Yes No _____

65. Are there any other water sports at the facility?

Yes No

66. Describe: _____

67. Is the facility fenced?

Yes No

68. Is there a locked gate?

Yes No

69. 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.