PREMIER canada

SPORTGUARD APPLICATION - For Facilities – Arenas, Etc.

APPLICANT

Legal Name of Applicant:

Team/School/Tournament Name: Website:

DESIRED EFFECTIVE DATE OF COVERAGE: From: To:

Requested limits:

Mailing Address:

City: Province: Postal Code:

Location Address:

City: Province: Postal Code:

Name of Person completing this application: Position:

Business is (check one): Sole Proprietorship ☐ Partnership ☐ Non Profit Assn ☐ Corporation (Inc., Ltd.) ☐

If you are Non Profit, do you require a quotation for Directors & Officers Insurance (separate application will be required) Yes ☐ No ☐

BUSINESS OPERATIONS

1) Insurance is required for

- a. Arena Yes ☐ No ☐
- b. Indoor Soccer Facility Yes ☐ No ☐
- c. Clubhouse Yes ☐ No ☐
- d. Outdoor Fields Yes ☐ No ☐
- e. Other Yes ☐ No ☐
  - i. If Other, please indicate:

2) Do you allow third party groups to use your facility? Yes ☐ No ☐

- a. If YES, do you require certificate naming you as additional insured? Yes ☐ No ☐
  - i. If No, please explain:
  - ii. If YES, for what limits of liability?
  - iii. Do you require the certificate states cross liability?

3) Please provide a diagram or photos of your facility noting:

- a. Number of Ice/ Field Surfaces as applicable
- b. Spectator Area
- c. Capacity as stated by Fire Marshall
- d. Concessions
- e. Entrances & Exits
- f. Locker rooms
- g. Restaurant and/or Lounge Area
- h. Common Areas

4) Does your facility have

- a. A Pool? Yes ☐ No ☐
- b. A Fitness Centre? Yes ☐ No ☐
- c. Professional Services (Massage/Physio)? Yes ☐ No ☐
- d. Daycare? Yes ☐ No ☐

If you answered yes to any of the above questions, please explain:

5) Do you have the following?

- a. Risk Management plan that is reviewed with every employee? Yes ☐ No ☐
- b. Code of Conduct and Safety Rules posted? Yes ☐ No ☐
- c. Written Emergency Response Plan? Yes ☐ No ☐
- d. Maintenance Log? Yes ☐ No ☐
- e. Ice Resurfacing Log? Yes ☐ No ☐

f.	Safety Checklist that is completed daily?	Yes ☐ No ☐
g.	Video Surveillance?	Yes ☐ No ☐
h.	Daily housekeeping that includes floor care?	Yes ☐ No ☐
i.	Incident Reporting Procedure that is reviewed with employees?	Yes ☐ No ☐
j.	First Aid attendant on site at all times?	Yes ☐ No ☐
k.	An AED (Defibrillator)	Yes ☐ No ☐

If you answered yes to any of the above questions, please explain:

FACILITY QUESTIONS – TO BE ANSWERED FOR ALL RISKS

Number of stories: Total square footage:

Age of building: If over 25 years old, year updated: Electrical HVAC

Do you have a monitored alarm system in place? Yes ☐ No ☐

Do you have spectator seating? Yes ☐ No ☐

If YES, please describe:

Do you have a concession? Yes ☐ No ☐

Do you have a restaurant? Yes ☐ No ☐

If YES, do you run the restaurant or is it leased out?

If it is leased out, do you require lessee to name you as AI on their policy? Yes ☐ No ☐

Do you have a lounge?

If YES, do you run the lounge, or is it leased out?

If it is leased out, do you require lessee to name you as AI on their policy? Yes ☐ No ☐

If lounge is house run, please answer the following:

Licensed Capacity: Seats-Inside # Seats-Outside Patio: # Total number of licensed rooms:

Is the I.D. checked on all patrons that could potentially be underage: Yes ☐ No ☐

If a customer becomes intoxicated, how are they handled?

Is the service of alcohol stopped? Yes ☐ No ☐ Will staff contact a taxi? Yes ☐ No ☐

How are patrons evicted from premises?

Under what circumstances are policed called?

How often have they been called in the last 12 months? 24 months?

Do you engage in off-premises functions (i.e. beer tents, special occasion permits, etc.)? Yes ☐ No ☐

If yes, please explain:

Gross receipts generated from such functions:

ICE RINK QUESTIONS: (IF N/A PLEASE SKIP)

of Skating surfaces: Length x Width = SQ FT

Height of boards: Height of glass at sides: Height of at ends:

Do you have netting? Yes ☐ No ☐ Describe: (full/ends/other)

Surface Composition under ice: Type of other floor surfaces:

Date these were last resurfaced: Condition:

Is the rink: Indoor ☐ Outdoor ☐

If outdoor, describe how you monitor ice quality:

Describe how you secure rink when closed:

Describe the ventilation system at your rink:

Please describe regular maintenance on rink:

Is Maintenance logged daily? Yes ☐ No ☐

SPORTGUARD APPLICATION - For Facilities – Arenas, Etc.

Do you offer skate sharpening or repairs? Yes ☐ No ☐

Do you have any retail sales? Yes ☐ No ☐

Ice Resurfacing Equipment:

YEAR	MAKE/MODEL	FUEL SOURCE

HOUSE PROGRAM INFORMATION (TO BE COMPLETED BY ALL RISKS)

Do you offer in house programs for sport participants? Yes ☐ No ☐

If NO, please skip to Revenues.

If YES, please provide a breakdown of all of your programs (hockey drop in, public skate, learn to skate, soccer etc.)

Sport/Activity	Total # of Participants	Participants UNDER 18	Participants OVER 18	Total # of Teams if applicable

Do you have any US/Foreign players? Yes ☐ No ☐

If YES, do you require that they carry appropriate medical insurance covering them for sporting activities? Yes ☐ No ☐

Do you use a waiver of release, release of liability and assumption of risk agreement (waiver) for ALL clients for ALL activities? Yes ☐ No ☐

If NO, please explain:

If YES, please provide a copy for our review.

Do you use a medical questionnaire for all participants? Yes ☐ No ☐

Explain how and why you would decline a client from participating:

Do you have any overnight exposure? Yes ☐ No ☐

If YES, please explain & provide supervision procedures:

Are participants ever taken offsite (such as swimming etc. during a day camp program?)? Yes ☐ No ☐

If YES, please explain:

Do you require participants to wear all safety gear (i.e. Helmets, mouth guards, etc.) as recommended by the governing body for your sport? Yes ☐ No ☐

If NO, please explain:

Are your coaches certified? Yes ☐ No ☐

If NO, please explain how they are trained:

REVENUES:

	RECEIPTS IN $ (OR STATE N/A)
In House Programs (includes public skate, programs, etc.)	$
Third party Facility Rentals	$
Pro Shop Retail	$
Skate Sharpening/Repair	$
Snack Bar/Concession	$
Restaurant	$
Liquor Sales	$
Vending/Arcade	$
Tenant Income	$
Other – Please indicate	$
Other – Please indicate	$

SPORTGUARD APPLICATION - For Facilities – Arenas, Etc.

Other – Please indicate	$
TOTAL RECEIPTS	$

Do you require Commercial Property insurance for building and/ or contents? Yes ☐ No ☐

(a separate application will be required)

Please provide any other information you believe will assist us:

INSURANCE INFORMATION

1) Have you ever been declined for liability insurance coverage? Yes ☐ No ☐

   a. If YES, please explain:

2) Has your insurance coverage ever been cancelled by any insurance company? Yes ☐ No ☐

   a. If YES, please explain:

3) Have you had a liability claim, or do you know of any incidents that MAY ARISE in a claim pending for the past five years?

   Yes ☐ No ☐ If YES, please explain:

4) Please provide your previous insurer and premium amount for the past three years:

YEAR	INSURANCE COMPANY	PREMIUM	LIMIT OF LIABILITY

BROKER INFORMATION

Brokerage:		Contact:	
Tel:	Fax:	Email:	
Is this an existing account for your brokerage? Yes ☐ No ☐			
How long have you held this account?		Target Premium:	
Current Insurer:		Current Policy #:	Expiry:
Current Limits:			
Last date you inspected this risk as the broker:		Month:	Year:

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Insured Signature:	Date:
Broker Signature:	Date:

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

Vancouver - T 604.669.5211 F 604.669.2667 **London - T 519.850.1610 F 519.850.1614**