



CABLE PARK FACILITY OPERATORS APPLICATION
(Water Skiing, Wakeboarding, Swimming Pools, Playing Fields, Multiplexes)

Organized in Partnership with



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
13. Effective Date: _____ Expiry Date: _____

Current/Most Recent Coverage Information:

- Insurance Company: _____ Dates of Coverage: _____
- Liability Limits: Occurrence: _____ Aggregate: _____
- Deductible: _____ Premium: _____
- Property Limit: _____ Premium: _____
- Participant Accident Limit: _____ Premium: _____
- Other (Please specify type): _____ Limit: _____
- Is Hired/ Non-Owned Auto Coverage included? Yes No Average Non-Owned Auto Value: _____

Any losses in the past five years? Yes No **If Yes, Please attach a complete Loss History**

Are you aware of any other incidents which may result in a claim against you? Yes No If "Yes", provide details:

Has any form of Insurance ever been cancelled/declined? Yes No If "Yes", provide details: _____

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. Would you like Sports Participant Accident coverage:
 Sport: _____ # Participants: _____ Gold Silver Platinum
6. Please list any other coverages required: _____

If more space is needed, please attach a schedule of coverages and limits of liability required

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	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Beach Swimming Area	_____	<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 / Football Field	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Jogging Track	_____	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	_____
Bicycle Track or Off Road Trails	_____	<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	
Toboggan Hill		<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 number 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	_____
Water Skiing/Wakeboarding	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Swimming Lessons/Beach Swimming	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Special 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	_____

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	_____
Basketball	_____	<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	_____
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) PFD's Yes No
- If so, are they D.O.T. approved? Yes No c) Flotation Vests Yes No
- Are Visors/Shields required? Yes No

Please list all other gear used: _____

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 water/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 the cable system is safe prior to daily use?

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) 6 to 10, and/or 14 to 17 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
Attach a copy of agreements used
- 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
If Yes, with whom and assuming responsibility for what? _____

2. Is Applicant being Held Harmless by Others? Yes No *If Yes, attach a copy of agreement
If Yes, by whom and describe extent of same: _____

Loss Payable

Loss, if any, is payable to: _____

Additional Insureds

Please list the organizations that require a Certificate of Insurance from you (*As they are to appear on the policy*)

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

• 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, as respects to your activity or operation.

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's Signature: _____

Date: _____

Title: _____

Agent/Broker: _____

Firm Name: _____

Address: _____

Telephone: _____ Fax: _____

For purposes of the *Insurance Companies Act* (Canada), this document was issued in the course of Premiere Insurance Underwriting Services Inc.'s insurance business in Canada, on behalf of Subscribing Insurers.