



## PROPOSAL FORM FOR ARENAS, MULTI-PLEXES AND SPORTS DOMES

1. Name of Insured.....  
.....
2. Is the Insured Incorporated Yes ( ) No ( )
3. Contact Name.....
4. Phone..... Fax.....
5. Address.....  
.....Postal code.....
6. Email.....  
Website.....
7. How is the insured's facility best described? Arena ( ) Multi-plex ( ) Sports Dome ( )
8. How long has the insured been in operation? .....
9. Number of ice/field surfaces:..... Size of ice/field surfaces:.....  
Square footage of facility:.....
10. Is operation open year round or seasonally? Please explain:.....  
.....  
.....  
.....
11. Is there a swimming pool? Yes ( ) No ( )
12. Are the rinks: Indoor ( ) Outdoor ( )
13. Are the fields: Indoor ( ) Outdoor ( )

14. **Please provide as much detail as possible with respect to the activities that are organized/run by the**

**Insured:**

Use:	# of Participants Annually	Is Body-Checking allowed?	Gross Receipts
Youth Hockey Leagues			
Adult Hockey Leagues			
Hockey Schools			
Dry Land Training			
Hockey Tournaments			
Other (provide list)			

15. Are waivers signed by all participants in the activities above? (If “Yes” please provide a copy)

Yes ( ) No ( )

16. **Rental Income**

**Please provide as much detail as possible with respect to activities where the Insured’s facility is used but the actual activities are organized/run by other groups:**

Use:	# of Participants Annually	Is Body-Checking allowed?	Gross Receipts
Youth Hockey Leagues			
Adult Hockey Leagues			
Hockey Schools			
Dry Land Training			
Hockey Tournaments			
Other (provide list)			

17. Do “user groups” have to provide evidence of liability coverage before signing an agreement to use the facility? Yes ( ) No ( )

18. Does the “user group” sign a “Hold Harmless Agreement” prior to using the facility?

(If “Yes”, please attach a copy)

Yes ( ) No ( )

19. Other Revenues

Please provide the following with respect to other revenues earned:

Use:	Gross Receipts
Total Rentals	
Food Service/Concession/Vending	
Liquor	
Pro Shop Revenue	
Other Revenues(please provide list)	

20. Is restaurant/lounge/pro shop subcontracted? Yes ( ) No ( )  
 Do you request a certificate of insurance? Yes ( ) No ( )  
 Do you request to be added as an additional insured? Yes ( ) No ( )

21. Do you have the following? (If “Yes” please provide a copy):
- Rink/Facility Rules Posted Yes ( ) No ( )  
 Code of Conduct Posted Yes ( ) No ( )  
 Written Emergency Plans Yes ( ) No ( )  
 Safety Inspection Checklist Yes ( ) No ( )  
 Maintenance Log Yes ( ) No ( )  
 Ice Resurfacing Log Yes ( ) No ( )  
 Video Surveillance Yes ( ) No ( )

Describe areas of coverage:.....  
 .....

22. a) Describe regular maintenance on rink/field/facility:.....  
 .....

Do you document this in writing? Yes ( ) No ( )

- b) Describe floor surface in all areas:.....  
 .....

c) Are rubber mats or rugs utilized? Yes ( ) No ( )

If Yes”, where?:.....

d) Is the ice surface inspected prior to any usage for any imperfections/damage? Yes ( ) No ( )

- e) How often is the thickness of the ice checked?:.....  
 What steps are taken to avoid the ice becoming too thin in prone areas due to excessive scraping by ice re-surfacing machines?:.....  
 .....

How often is this done?:.....

- f) Do you have parking facilities available? Yes ( ) No ( )  
 If "Yes": Who is responsible for repairs/maintenance?:.....  
 How often is parking lot inspected for needed repairs?:.....  
 Who is responsible for snow removal?:.....
23. Who is responsible for handling disturbances/fights/ejections/crowd control in the facility?:.....  
 .....  
 Please describe procedures:.....  
 .....
24. Do you provide a first aid station? Yes ( ) No ( )  
 If "Yes" who staffs the station? Is there an attendant at all times?:.....  
 What are the response times for the following?  
 Fire Station:.....  
 Police:.....  
 Hospital:.....
25. Limit of liability required: \$2,000,000 ( ) \$5,000,000 ( ) \$10,000,000 ( )
26. Policy Period required: From ...../...../..... To...../...../.....  
 (dd/mm/yy) (dd/mm/yy)

**PREVIOUS and PENDING CLAIMS**

27. a) Have any claims for Liability or Indemnity been made against the Applicants or anyone associated with the Applicants in the last five (5) years Yes ( ) No ( )
- b) Have there been any incidents in the last five (5) years that may result in claims against the applicants? (whether the applicants were insured or not) Yes ( ) No ( )

*If you have answered yes to any of the above please complete the following*

Total Number of incidents ..... Total Number of Claims made .....

Total Amount Settled \$..... Total Amounts Outstanding \$.....

Description of Incident	Year	Amount Settled \$	Amount Outstanding \$

PLEASE COMPLETE THIS SECTION FOR **ERRORS & OMISSIONS COVERAGE**

28. Do you require Errors & Omissions Cover Yes ( ) No ( )

**If yes Please complete the following:**

a) Are the Coaches / Referees / Instructors to be covered qualified Yes ( ) No ( )

*If yes please supply details including minimum qualification obtained.....*

.....

b) number of Coaches / Referees /Instructors to be Insured.....

c) please attach a list (names and addresses) of all coaches/referees (note cover not limited to those listed).....

.....

29. Has any Insurer ever declined, refused to renew or has imposed special terms and conditions to any application, renewal or policy held by the applicants Yes ( ) No ( )

*If yes please supply details .....*

.....

.....

30. (a) Have any claims for Indemnity been made against the Applicants or anyone associated with the Applicants in the last five (5) years Yes ( ) No ( )

(b) Have there been any incidents in the last five (5) years that may result in claims against the Insured: (whether the applicants were insured or not) Yes ( ) No ( )

*If you have answered yes to either of the above please complete the following:*

No. of incidents..... Year/s..... No of Claims made..... Amount/s Settled .....

Amounts Outstanding \$..... Description of the Incident/s .....

.....

.....

(c) Is the Insured aware of any incident that has occurred which could give rise to a claim? Yes ( ) No ( )

31. Limit of Errors & Omissions cover required by the Insured (*tick one*)

\$1,000,000 ( ) \$2,000,000 ( )

# THIS DECLARATION MUST BE COMPLETED IN ALL CASES

## DECLARATION

For and on behalf of the Applicant I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The Applicant's acceptance of the company's quotation and the company's acceptance of the applicant's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Insured I:

- have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- am a duly authorized officer of the Insured applying for insurance for the purpose of completing this application.
- have read and understood the information concerning the disclosure of material fact and understand that this is a contract of utmost good faith.
- agree on behalf of the applicant to Sutton Special Risk obtaining from the applicant's previous insurer(s) any information it may need about prior claims or insurance history.
- agree to Sutton Special Risk making enquiries from any third party to verify claims history and other information disclosed herein or statements made by the applicant or its representatives in making this application.
- agree to Sutton Special Risk disclosing to any insurance intermediary appointed by the applicant or to any former or future insurer of the applicants the claims history or any other information as may be determined.

### IMPORTANT – Proposal Information

1. **Disclosure of Material Fact** – Any material facts known to you must be disclosed. A material fact is one which could influence an underwriter in the assessment and acceptance of this proposal. Should you have any doubt as to whether a fact is material, it should be disclosed for your own protection as failure to disclose such fact may invalidate the policy. You are recommended to keep your own records (including copies of letters) of all information supplied to us in arranging this insurance. A copy of your completed proposal form is available on request.
2. **Utmost Good Faith** – The insurance is a contract based on the utmost good faith requiring Underwriters and the proposer/insured(s) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

Full Name .....

Position held.....

Signature .....

Date ...../...../.....  
(dd/mm/yy)

**Please return this form to your accredited Sutton Special Risk Broker**

### **SUTTON SPECIAL RISK**

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33 Yonge Street  
Toronto, ON M5E 1G4  
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