

#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

Facility Users Application

Part 1:

Name of Facility: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____

Title: _____ Tel: _____ Cell: _____

Fax: _____ E-Mail: _____

Membership: _____ Associate Membership: _____

Part 2:

Does your facility own, operate or participate in any of the following?

- | | | |
|---------------------|--------------|----------------------------------|
| Community Hall | Skating Rink | Wall Climbing |
| Curling Rink | RV Parks | Zip Lines |
| Swimming Pool | Theatres | Skateboard/Bike Park |
| Drop-In Center | Youth Groups | Child Care
Centre/Play School |
| Neighbourhood Watch | Playground | |
| Other | | |

For any of the items above you have indicated Yes, please advise if the activity is 100% operated by the facility or if this is a co-sponsored program with the city, municipality or others who are providing insurance.

Event	% of Facility Sponsorship	% & Co-sponsors name	If co-sponsored has the third party Confirmation of Insurance	
_____	_____	_____	Y	N
_____	_____	_____	Y	N
_____	_____	_____	Y	N
_____	_____	_____	Y	N

Part 3:

Hall Rental

Annual Revenue from Hall Rental: _____

- | | | |
|--|---|---|
| 1.) Do you have a standard rental agreement? | Y | N |
| 2.) Do you receive a damage deposit? | Y | N |
| 3.) Do you require third party to provide Liquor Coverage? | Y | N |
| 4.) Do you provide bartending? | Y | N |
| 5.) Do you have written procedures for serving alcohol? | Y | N |
| 6.) Do you require confirmation of insurance from Third Parties? | Y | N |
| 7.) Do you provide security services? | Y | N |

If yes, please describe any written procedure

Catering - internal	Is alcohol served?	Y	N
Catering - external	Is alcohol served?	Y	N

Does your facility co-ordinate or participate in any of the following special events?

Beer Gardens	Fireworks	Midway Rides
Farmers Market	Sports Tournaments	Carnivals
Tours or Tour Groups		

For any of the above where you have answered yes, please advise:

Special Event:	Estimated Number Of Participants	Facility		Third Party		If Third Party have provided Confirmation of Insurance?		Is Alcohol served	
		Y	N	Y	N	Y	N	Y	N
_____	_____	Y	N	Y	N	Y	N	Y	N
_____	_____	Y	N	Y	N	Y	N	Y	N
_____	_____	Y	N	Y	N	Y	N	Y	N
_____	_____	Y	N	Y	N	Y	N	Y	N

Please give a brief description of the various sports groups (baseball, hockey, soccer, etc.) in your facility where not insured by Provincial Sports Association:

Sport:	Total number of Participants
_____	_____
_____	_____
_____	_____
_____	_____

Part 4:

***Please complete a form for each location**

1.) Occupancy

Name of Hall: _____
Location of Hall: _____
Use of Hall of Building: _____
Year of Construction: _____

Square Footage _____ No. of stories _____

2.) Construction

Walls	wood	concrete	other	_____
Floors	wood	concrete	other	_____
Roof	wood	steal	other	_____
Heating	wood	electric	gas	_____
		hot water heating system		air conditioning

3.) Protection

sprinklers _____ percentage of building ____% monitored? Y N
burglar alarm _____ fire/smoke alarm monitored? Y N
monitored? Y N

Are deep fat fryers/grills protected by automatic dry chemical systems?

4.) Is your facility: owned rented/leased co-occupied managed by you?

5.) Building Values

Full Replacement Cost building \$_____ stock \$_____ furnishings \$_____ & supplies

When were these values last updated? _____

6.) Miscellaneous Values

Skating Rink (incl. boards, fencing) \$_____	Playground \$_____
Trailers \$_____	Equipment
	Concession \$_____
	Trailers
Concession equipment \$_____	Concession \$_____
	Stock
Playground equipment \$_____	other _____ \$_____
Other \$_____	other _____ \$_____

7.) Do you anticipate any construction or renovations to your facilities or new facilities during the coming year? If so, please explain and provide the estimated cost of the work.

Part 5:

Please complete the following or provide a copy of your most current audited financial statement

1. Annual Revenue \$_____
2. Annual Expenditures _____
3. Number of persons who handle cash
(incl. directors, officers, volunteers and staff) _____
4. Number of signatures required on cheques _____
5. Do you allow for pre-signed cheques? Y N
If yes, number on hand _____
6. Is an annual audit performed? Y N internal external
7. Maximum amount of cash on hand \$_____

Part 6:

Please complete the following information or provide a copy of your current insurance documents

1. During the last five (5) years, have you ever had a claim or an incident that could lead to a claim?
If yes, please provide details _____

Authorized Signature

Date

Print Name & Title