

FACILITY USERS APPLICATION

PART 1:

Name of Facility: _____

Mailing Address: _____

Location Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____

Title: _____ Tel: _____ Cell: _____

Fax: _____ E-Mail: _____

PART 2:

Does your facility offer rental of any the following to third party users:

Hall/Drop-in Center Skating Rink Wall Climbing Curling Rink Classroom Gymnasium
Swimming Pool Playground Sports Field Other: _____

Limit Requested: _____

PART 3:

Hall Rental

Annual Revenue from Hall Rental: _____

- | | | |
|--|-----|----|
| 1. Do you have a standard rental agreement? | Yes | No |
| 2. Do you receive a damage deposit? | Yes | No |
| 3. Do you require third party to provide Liquor Coverage? | Yes | No |
| 4. Do you provide bartending? | Yes | No |
| 5. Do you have written procedures for serving alcohol? | Yes | No |
| 6. Do you require confirmation of insurance from Third Parties for liquor? | Yes | No |
| 7. Do you provide security services? | Yes | No |

If yes, please describe any written procedure: _____

PART 4:

Sports Fields

Annual Revenue from Sports Field Rental: _____

- | | | |
|--|-------|----|
| 1. Are there posted rules & regulations? | Yes | No |
| 2. Is there any supervision? | Yes | No |
| 3. Who is responsible for the maintenance of the fields? | _____ | |

PART 5:

Claims/Previous Insurance History

1. During the last five (5) years, have you ever had a claim or an incident that could lead to a claim? Yes No

If yes, please provide details: _____

2. Previous insurer: _____

Target Premium (if known): _____

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.

Authorized Signature: _____ Date: _____

Print Name & Title: _____