



INDOOR PLAYGROUND APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

2. **Mailing Address:**

Website Address: _____

3. **Name/Address of Facility:**

Hours and/or days of operation: _____

4. Describe Applicant's experience in this industry:

How long has Applicant been in business? _____

5. Estimated Annual Receipts: _____

6. What is the square footage of the establishment? _____

7. Please list all equipment/amusements in the area:

Who is manufacturer of play structures? _____

8. What maintenance program is in effect for play equipment/structures?

What is the maximum capacity of the premises? _____ Average number of children per day? _____

Ages of children? From: _____ To: _____

Is parental supervision required at all times? Yes No

Are children supervised by a staff member at all times? Yes No
If No, please explain:

Are children segregated by age? Yes No

9. No. of supervisors: _____ No. of all other Employees: _____ No. of Volunteers: _____

Please list employees, age group that they work with and their qualifications:

EMPLOYEE	AGE GROUP THAT THEY WORK	QUALIFICATIONS (I.E., E.C.E., First-Aid Training, Etc.)

What are the minimum requirements for First Aid Training of staff?

10. Are all employees covered under WSIB? Yes No

If No, please list numbers by job description and estimated payroll:

Total payroll: _____ No. of Employees: _____

11. Independent Contractors *(give estimated cost of work done by independent contractors):*

a) Premises and equipment repair and maintenance _____

b) Transportation of children _____

c) Others – describe: _____

Do you require all contractors or sub-contractors to provide proof of liability insurance? Yes No

If Yes, what limit? _____

12. What rules apply relative to the delivery and pick-up of children? Specifically when parents are delayed or are otherwise unable to pick up their child (i.e., note from parent and/or I.D. required?):

13. Do you provide any transportation of children? Yes No
If so, please explain:

If so, also describe mode of transportation and supervision:

14. What is the policy regarding sickness or communicable disease?

15. Do you supply food and drinks? Yes No
If Yes, please provide details:

16. What procedures are employed relative to the handling of potentially harmful items? (i.e. paints, cleaning, supplies, medication kept on premises, etc.)

17. Is there a medical questionnaire filled out regarding any allergic or other medical condition? Yes No
- a) If so, are written instructions obtained from parents who may not be present and will medication be administered if needed as directed? Yes No
- b) If so, will a written record be kept to show the time, the medication, and who administered it? Yes No
- Yes No

18. What procedures are in place for dealing with a child who becomes ill or is injured at the playground?

19. What are the current safety procedures in the event of a fire?

Do the premises meet all Fire Department requirements? Yes No

Where are the fire extinguishers kept? _____

Is there a maintenance agreement in place? Yes No

Do the premises meet all Fire Department requirements? Yes No

20. Does applicant presently carry insurance? Yes No
 If Yes, who is the present insurer:

Premium: _____

Is the present insurance Claims Made? Yes No
 If Yes, state retro date: _____

Are they willing to renew? Yes No
 If No, please explain:

Does the policy cover all operations of the Insured? Yes No
 If No, please describe:

21. Claims History

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? Yes No
 If Yes, give details:

22. Non-Owned Automobile

Number of employees using their automobile on company business:

Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details):

23. Please indicate limit(s) of liability required: _____

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**