

Toronto Office: 18 King St. E., Suite 300 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

AMUSEMENT PARKS, AMUSEMENT DEVICES, WATERSLIDE, INDOOR PLAYGROUND, SKATE PARK, GO-KART TRACK, ZOOS – SUPPLEMENT TO GENERAL LIABILITY INSURANCE APPLICATION

Name of Applicant: _____

1. Is this a seasonal operation? Yes No If Yes, please state the Applicant's operating season: _____

2. Please provide a list of all amusement devices, features, attractions and activities including brief description of safety feature(s). (For example: 5 batting cages; coin operated, helmets mandatory, maximum ball speed 60 km/h)

3. Please confirm all amusement devices are licensed by appropriate authorities. Yes No

If No, Specify: _____

4. Please describe maintenance and housekeeping procedures in place for the premises and any/all devices:

5. Please describe the risk management procedures in place in the event of injury (ies) including emergency evacuation, contagious disease etc.

6. Please confirm an incident reporting procedure is in place. Yes No
Please attach a copy of the report used and confirm approximate number of incident reports collected per year: # _____
7. Please describe special events or features undertaken by the Applicant or others (concerts, firework displays etc);

8. Please describe procedures and protections in place to prevent unauthorized use or trespass.

9. Break down of receipts between: Gate: \$ _____ Food & Bev: \$ _____ Parking: \$ _____
Alcohol (*see separate supplement*) \$ _____
10. Any third party concessionaires, vendors, exhibitors? Yes No If Yes, please provide details and receipts.
_____ Receipts \$ _____
11. Does the Applicant enter into formal contractual agreements? Yes No
If Yes, do they include a "hold harmless" clause in the Applicant's favour? Yes No
Does the Applicant require evidence of liability from same? Yes No
12. What is the licensed capacity and attendance of the insured location(s) ? Capacity # _____
Average daily attendance # _____ Approximate annual aggregate attendance # _____
13. a) Does the Applicant provide any child minding or child care services? Yes No
If Yes, please provide details: _____

- b) Please confirm operated in accordance with regulation? Yes No
- c) Licensed care providers employed? Yes No
- d) What procedure is in place to assure children matched with their parent/guardian?

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This supplement, together with the General Liability application to which it is attached, constitute the Applicant's representations and will form the basis of any policy that may be issued.

Signature of Applicant _____ Dated _____