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

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 _____