

Toronto Office: 18 King St. E., Suite 903 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

INDOOR PLAYGROUND APPLICATION

1. Name: _____
2. Mailing Address: _____

3. Contact Name: _____
4. Name of Facility: _____
5. Hours of Operation: _____
6. Experience in Industry: _____
7. Years in Business: _____
8. Estimated annual receipts: _____
9. Maximum capacity: _____
10. Average number of children per day: _____
11. Please list all equipment/amusements in the area: _____

12. Is the equipment CSA approved? Yes No
Who installed it? _____
How is it anchored? _____
How often are maintenance inspections done? _____

13. Do you provide daycare/babysitting? Yes No
Is there parental supervision at all times? Yes No
14. Are the children supervised by staff members? Yes No
How many staff members? _____
15. What rules apply to delivery and pick up of children? _____

16. What is the policy regarding sickness or communicable disease? _____

17. Do you supply food/drinks? Yes No
If Yes, please describe: _____
18. What procedures are in place for dealing with injured children at the playground? _____

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

20. Do you use any medical or registration forms? _____

21. What procedures are in place for the handling and storage of potentially harmful items such as cleaners, paints etc.?

22. Do you have a formal set of policies and procedures for screening the character and criminal history of your employees or volunteers prior to hiring? Yes No
If Yes, please describe: _____
23. Limit of coverage:
 \$1,000,000 \$2,000,000 3,000,000 \$4,000,000 \$5,000,000

This application and any supplements attached hereto do 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.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

EMAIL ADDRESS: _____



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