

# Commercial Insurance

## Curling Clubs



Applicant: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Risk Location: \_\_\_\_\_

### Building Information

- Policy Period: From (dd/mm/yy) \_\_\_\_\_ To (dd/mm/yy) \_\_\_\_\_
- Loss Payable: \_\_\_\_\_
- Risk Information

No. of Storeys: _____	Sprinkler: _____
Wall Construction: _____	Extinguishers: _____
Floor Construction: _____	Fire Alarm: _____
Roof Construction: _____	Heating Type: _____
Grade Floor Area: _____	No. of Emergency Exits: _____
Total Area: _____	Back up Lighting: _____
Building Age: _____	Is Max. Occupancy Posted: <input type="radio"/> YES <input type="radio"/> NO
Hydrants: _____	What is Max. Occupancy: _____
Fire Hall (kms): _____	Is Max. Occupancy Enforced: <input type="radio"/> YES <input type="radio"/> NO
- Is the building or any part of the building designated Heritage?  YES  NO  
*If yes - replacement cost and bylaws coverage will not be applied.*
- Updates to Building (required to be completed whether building owner or tenant)

Wiring: Year Updated _____	% Updated: _____
Plumbing: Year Updated _____	% Updated: _____
Heating: Year Updated _____	% Updated: _____
Roof: Year Updated _____	% Updated: _____

### Insured Property Values

Please ensure the accuracy and completeness of your responses. Incorrect or Incomplete information could result in serious penalty or shortage of coverage in the event of a loss.

*(We strongly recommend that the club obtain a professional evaluation of the buildings & contents)*

- No. of Storeys: \_\_\_\_\_ Club House Building: \_\_\_\_\_ Club House Contents: \_\_\_\_\_
- Ice Compressors: \_\_\_\_\_ Ice Making Equipment: \_\_\_\_\_ Pro Shop Equipment: \_\_\_\_\_
- Pro Shop Inventory (if owned): \_\_\_\_\_ Signs: \_\_\_\_\_
- Stock/Inventory: \_\_\_\_\_
- Other (please stipulate): \_\_\_\_\_
- Other (please stipulate): \_\_\_\_\_

7. Total Limit of Property of Every Description: \_\_\_\_\_
8. Business Interruption Limit: \_\_\_\_\_
9. Money & Securities, if limit required is higher than \$5,000: \_\_\_\_\_
10. Employee Dishonesty, if limit required is higher than \$10,000: \_\_\_\_\_
11. Commercial General Liability Limit: \_\_\_\_\_ Directors & Officers Liability Limit: \_\_\_\_\_
12. Deductible Required: \$1,000  \$2,500  \$5,000
13. Crime:
 

<input type="checkbox"/> ULC Monitored Station	<input type="checkbox"/> Unlisted Monitoring Service	<input type="checkbox"/> Local Only
<input type="checkbox"/> Safe	<input type="checkbox"/> Class	<input type="checkbox"/> Combination Lock
<input type="checkbox"/> Contacts on doors/windows	<input type="checkbox"/> Motion Detectors	<input type="checkbox"/> Glass Breakage Detector
<input type="checkbox"/> Bars on Windows	<input type="checkbox"/> Bars on Doors	

### General Liability Including Liquor Liability

1. Number of Sheets: \_\_\_\_\_ Number of Members: \_\_\_\_\_
2. Receipts
 

Food: \_\_\_\_\_ Liquor: \_\_\_\_\_ Rental to others (Meetings, banquets, social functions): \_\_\_\_\_

Other (Please Specify): \_\_\_\_\_
3. Are Special Occasion Permits Allowed:  YES  NO
4. Describe Type of Typical Functions: \_\_\_\_\_
5. Number of Occasions per Year: \_\_\_\_\_
6. Do you provide the service of any of your staff/volunteers for these functions (specify what the service is):  
\_\_\_\_\_
7. Any Special Events?  YES  NO
8. Have those serving alcohol attended a Smart Serve Training Program:  YES  NO
9. Do you provide a Taxi Service for Patrons:  YES  NO
10. Do you ask for identification from young patrons to confirm age:  YES  NO
11. Is Deep Fat Frying done:  YES  NO
12. Portable Deep Fat Fryers:  YES  NO
13. Does the automatic wet chemical system meet all standards:  YES  NO
14. Class "K" extinguishers in the kitchen:  YES  NO
15. Six month maintenance contract:  YES  NO
16. Are extinguishing systems provided for cooking units, hoods and ducts:  YES  NO
17. Is the club closed in the "off season":  YES  NO If yes, on what date does it close: \_\_\_\_\_  
 Are any "off season" functions held at the club:  YES  NO  
 If so, how often and by whom: \_\_\_\_\_
18. Describe the security measures taken during the off season:  
\_\_\_\_\_

19. Does the club have the following:

- Pools Tables:  YES  NO if yes, please specify the #: \_\_\_\_\_
- Shuffleboard Tables:  YES  NO if yes, please specify the #: \_\_\_\_\_
- Dart Boards:  YES  NO if yes, please specify the #: \_\_\_\_\_
- Video Lottery Terminals:  YES  NO if yes, please specify the #: \_\_\_\_\_

20. Describe how your staff/volunteers have been instructed to handle the following:

- A patron arrives at your premises, obviously impaired: \_\_\_\_\_
- A patron appears to have consumed his/her limit of alcohol: \_\_\_\_\_
- A patron become disruptive and/or abusive: \_\_\_\_\_
- A fight breaks out amongst the patrons: \_\_\_\_\_
- A patron who is obviously impaired leaves your premises alone: \_\_\_\_\_
- A group of patrons who are obviously impaired leave your premises: \_\_\_\_\_

21. Describe all infractions, cancellations or fines relating to the serving of liquor:

22. Claims History (last 5 years)

Date of Loss	Section Loss Paid Under/Description of Loss	Payout

23. Previous Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Broker: \_\_\_\_\_ Premium: \_\_\_\_\_

24. Have you ever been cancelled or refused insurance:  YES  NO  
 (if yes, please state reason)

If any person applying for insurance falsely describes the property to the prejudice of the insurer or misrepresents or fraudulently omits to communicate any circumstances which is material to be made known to the insurer in order to enable it to judge the risk to be undertaken, the contract shall be void as to any property in relation to which the misrepresentation or mission is material.

I authorize you to collect any information or claims history concerning this application.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature of Applicant (position)

\_\_\_\_\_  
 Date