|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |  |  |  |  |  |  |  |  |   |
| Brokerlink_logo_NewTag.jpg  Commercial Application For Curling Clubs |
| **BrokerLink INC.****100-6 Antares Drive, Phase III** **Ottawa ON K2E 8A7****1-800-203-3283** |   |  |
|  |  |  |
|   |  |  |  |  |  |  |  |  |   |
| **Applicant:** |   | **Contact Name**  |   |
| **Mailing Address:** |   | **Phone Number:** |   |
|  |   |  |
| **Risk Location:** |  |
|   |  |  |  |  |  |  |  |  |   |
| **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 Maximum Occupancy Posted: |  |   |  |   |
| Hydrants: |  |   | What is Maximum Occupancy: |  |   |  |   |
| Fire Hall (kms) |   | Is Maximum Occupancy Enforced: |  |   |  |   |
| 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 (requires to be completed whether building owner or tenant)** |  |   |
|   |  |  |  |  |  |  |  |  |   |
|   |  | **Year Updated** | **% Updated:** |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
| Wiring: |  |   |  |   |  |  |  |  |   |
| Plumbing: |  |   |  |   |  |  |  |  |   |
| Heating: |  |   |  |   |  |  |  |  |   |
| Roof: |  |   |  |   |  |  |  |  |   |
|   |   |   |   |   |   |   |   |   |   |
|   |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
| **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)** |
|  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |   |
| Club House Building |  |   |
|   |  |  |   |  |   |
| Club House Contents |  |   |
|   |  |  |   |  |   |
| Ice Compressors |  |   |
|   |  |  |   |  |   |
| Ice Making Equipment |  |   |
|   |  |  |   |  |   |
| Pro Shop Equipment |  |   |
|   |  |  |   |  |   |
| Pro Shop Inventory (if owned) |  |   |
|   |  |  |   |  |   |
| Signs |  |   |
|   |  |  |   |  |   |
| Other (please stipulate) |  |   |
|   |  |  |   |  |   |
| Other (please stipulate) |  |   |
|   |  |  |   |  |   |
| Other (please stipulate) |  |   |
|   |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
| Total Limit of Property of Every Description: |   |  |   |
|   |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
| Business Interruption Limit |   |  |   |
|   |  |  |  |  |  |  |  |  |   |
| Money & Securities, if limit required |  |  |  |  |  |  |   |
| is higher than $5,000 |  |   |  |   |
|   |  |  |  |  |  |  |  |  |   |
| Employee Bond Form A, if limit |  |  |  |  |  |  |   |
| required is higher than $10,000 |   |  |   |
|   |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
| Commercial General Liability Limit |   |  |   |
|   |  |  |  |  |  |  |  |  |   |
| Directors & Officers Liability Limit |   |  |   |
|   |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
| Deductible Required: | $1,000  | $2,500  | $5,000  |  |   |
| (Please X the deductible required) |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
|   |   |   |   |   |   |   |   |   |   |
|   |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
| **See attached schedule for Property/GL limits and Coverage:** |  |  |  |   |
| **See attached Directors and Officers Application if Coverage Required:** |  |  |   |
| **Crime:** |  |  |  |  |  |  |  |  |   |
|   |  |  | X if applicable: |  |  |  | X if applicable: |
| ULC Monitored Station: |  |  |  | Contacts on doors/windows: |  |   |
| Unlisted Monitoring Service: |   |  | Motion Detectors: |  |   |   |
| Local Only: |  |   |  | Glass Breakage Detector: |   |   |
| Safe: |   | Class: |   |  | Bars on Windows: |  |   |   |
| Combination Lock: |  |   |  | Bars on Doors: |  |   |   |
|   |  |  |  |  |  |  |  |  |   |
| **General Liability Including Liquor Liability:** |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
| Number of Sheets: |   | Number of Members: |   |   |
|   |  |  |  |  |  |  |  |  |   |
| Receipts: | Food: |   | Liquor: |   |  |  |  |   |
|   | Rental to others: |   | Other: |   | (Please Specify) |   |
|   | (Meetings, banquets, social functions)  |  |  |  |   |
| Are Special Occasion Permits Allowed: | yes: |   |  | no: |   |   |
| Describe Type of Typical Functions: |   |
|   |   |   |  |   |   |   |   |   |   |
| Number of Occasions per Year: |   |  |  |  |  |  |   |
| Do you provide the service of any of your staff/volunteers for these functions: |   |
|   |  |  |  |  |  |  | (specify what the service is) |
| Any Special Events? | yes |   | no |   |  |  |  |   |
| (if yes, list all events held by the club - attach separate list) |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
| Have those serving alcohol attended a Smart Serve Training Program: | yes: |   | no: |   |
| Do you provide a Taxi Service for Patrons: | yes: |   | no: |   |
| Do you ask for identification from young patrons to confirm age: | yes: |   | no: |   |
| Is Deep Fat Frying done: | yes: |   | no: |   |
| Portable Deep Fat Fryers: | yes: |   | no: |   |
| Does the automatic wet chemical system meet all standards: | yes: |   | no: |   |
| Class "K" extinguishers in the kitchen: | yes: |   | no: |   |
| Six month maintenance contract: | yes: |   | no: |   |
| Are extinguishing systems provided for cooking units, hoods and ducts: | yes: |   | no: |   |
| 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, provide details: |   |
| Are the premises checked during "off season": | yes: |   | no: |   |
| If so, how often and by whom: |   |
|   |
| Describe the security measures taken during the off season: |  |   |
|  |
| **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 #: |   |
|   |  |  |  |  |  |  |  |  |   |
| **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: |   |
|   |
| **Describe all infractions, cancellations or fines relating to the serving of liquor:** |
|
| **Claims History: Last 5 year** |
|  **Date of Loss:** |  **Section Loss Paid Under/Description of Loss:** |  **Payout:** |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **Previous Insurer:** |   |
| **Policy Number:** |   |  |  \_**Broker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Premium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****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:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|
|
|  **Signature of Applicant (position)** | **Date** |