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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| 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: |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
| **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) | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
| **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** | |