



# GRAIN INSURANCE AND GUARANTEE COMPANY

## INDOOR PLAYGROUND APPLICATION

1. Name of Broker: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2. Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

3. Name/Address of facility: \_\_\_\_\_  
\_\_\_\_\_

4. PREVIOUS INSURER  
Does applicant presently carry insurance?  Yes  No  
If "Yes" name of company that insures this risk \_\_\_\_\_  
Premium: \$ \_\_\_\_\_  
If "No" please explain \_\_\_\_\_  
Is current insurer offering renewal?  Yes  No  
If no, please explain \_\_\_\_\_  
Is Present Insurance "Claims Made"?  Yes  No  
If "Yes" state Retro Date \_\_\_\_\_  
Does the policy cover all operations of the Insured?  Yes  No  
If not please describe: \_\_\_\_\_

5. Describe applicant's experience in this industry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has the applicant been in business? \_\_\_\_\_

6. What is the square footage of the establishment? \_\_\_\_\_

7. Please list all equipment/amusements on premises: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Who is the manufacturer of the play structures? \_\_\_\_\_

How is equipment anchored: \_\_\_\_\_

Type of floor covering?: \_\_\_\_\_

What maintenance program is in effect for play equipment/structures?: \_\_\_\_\_

How often are maintenance inspections done?: \_\_\_\_\_

Is insured allowed to deviate from manufacturer's recommendations for assembly?  Yes  No

9. What is the maximum capacity of the premises? \_\_\_\_\_  
 Average number of children per day? \_\_\_\_\_  
 Ages of Children? \_\_\_\_\_
10. Is parental supervision required at all times?  Yes  No  
 Number of supervisory Staff? \_\_\_\_\_ Ages of supervisors/Staff? \_\_\_\_\_  
 Qualification of supervisors/staff? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Number of employees supervising play area: \_\_\_\_\_  
 Is there a set ratio for attendants to children?  Yes  No If no please explain: \_\_\_\_\_  
 \_\_\_\_\_
11. Do you provide babysitting services?  Yes  No
12. Are there any medical or registration forms used?  Yes  No If so please enclose copies.
13. What is the policy regarding sickness or communicable diseases? \_\_\_\_\_  
 \_\_\_\_\_
14. Will food be served on the premises?  Yes  No If so what type and who prepares it? \_\_\_\_\_  
 \_\_\_\_\_
15. What are the minimum requirements for first aid training of staff? \_\_\_\_\_  
 \_\_\_\_\_
16. What procedures are in place relative to the handling and storage of potentially harmful items  
 Such as paints, cleaning materials etc.? \_\_\_\_\_  
 \_\_\_\_\_
17. Anticipated Revenue for this year? \_\_\_\_\_ Last Year Revenue \_\_\_\_\_
18. Any losses or incidents in the last 5 years?  Yes  No If so please give details \_\_\_\_\_  
 \_\_\_\_\_
19. Limits Required:
- | <u>Coverage:</u>                | <u>Limit:</u> | <u>Deductible:</u> |
|---------------------------------|---------------|--------------------|
| Property                        | _____         | _____              |
| Comprehensive General Liability | _____         | _____              |
| Tenants' Legal Liability        | _____         | _____              |
| Other                           | _____         | _____              |

**CONSENT in accordance with the Act Respecting the Protection of Personal Information**

If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfill their functions:

(A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection, or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.

- for the purpose of establishing the premium and the assessment of risk; and, (if you would like to consent now)
- for the purpose of verification, assessment and the settlement of losses;

Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.

(B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

**This insurance application is considered to include all provisions for all forms to be issued in accordance with this contract. The total estimated policy premium is subject to adjustment.**

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>	<b>SIGNATURE OF CO APPLICANT</b>	<b>DATE</b>

**Broker Recommendation**

New business to this office.  Currently insured through this office.  
 If currently insured through this office, why is account being re-marketed?

\_\_\_\_\_

\_\_\_\_\_

Is applicant known to selling broker?  Yes  No      If Yes, how long? \_\_\_\_\_ years.

Has marketing broker seen this risk?  Yes  No  
 If Yes, condition of risk?  excellent  good  average  fair  poor

If No, **attach photo.**  
 Any visible damage to building?  Yes  No

If Yes, explain: \_\_\_\_\_

Financial situation of applicant:  not known  
 excellent  good  average  fair  poor

Marketing broker's overall opinion of risk:  excellent  good  average  fair  poor

Completed by: \_\_\_\_\_ Agency / Brokerage: \_\_\_\_\_ Date: \_\_\_\_\_