



Curling Club
SURVEY REPORT

Please complete this section IN FULL. If any item is not applicable to the club, please state "none". E-forms with blank lines may not be processed and may be returned for completion.

Club Name _____ Date _____

Mailing Address _____

Actual Location (if different) _____

Contact Name _____ Tel # _____

Fax # _____ E-mail Address _____

OPERATIONS

Seasonal Year Round: Usual Season: from _____ to _____

Curling Sheets; # _____, Ammonia or Freon

Other _____

Private Public; Profit Non Profit

FIRE PROTECTION

Municipal Fire Hydrants Yes No; Number _____ Distance from Clubhouse _____ (yds)

Fire Hall Responds from : _____ Distance: _____ (kms)

Clubhouse Sprinklered _____ %Full Kitchen Yes NO; Hood Protected Yes No

Name of System _____ Type: _____

Maintenance Contract Yes No; Date of Last Inspection: _____

Other Comments: _____

CRIME PROTECTION

Clubhouse

Burglar Alarm Yes No:

Local Only ; Central Monitored :

Line Security Yes No;

Night Watchman Yes No:

Safe: Yes No;

No. of Class "A" employees _____

Other Security

ATM Machine Yes No; Number _____

ProShop

Does the Club Own the ProShop Inventory Yes No; If not, who: _____

INSURANCE HISTORY

Losses (Past Five Years) _____

Present Expiry Date _____ Current Premium _____

Present Insurer(s) _____

Policy No. _____

PHYSICAL DESCRIPTION

Clubhouse:

B/V/Frame Ord. Mas. - wood joist roof Non-Combustible Fire Resistive]

of Stories _____, Basement Yes No: Area _____ (sq. ft.)

Age _____ Roof Flat Peaked; Age _____ Year Updated _____

Walls _____ (ext.) _____ (int.)

Heating _____ (fuel) _____ Age _____ Year Updated _____

Wiring _____ (type) Fuses Breakers; Age _____ Year Updated _____

Housekeeping _____

Other:

Description _____

Construction _____ Area _____ (sq. ft.) Floor _____ Roof _____

Description _____

Construction _____ Area _____ (sq. ft.) Floor _____ Roof _____

INSURED PROPERTY VALUES

Please ensure the accuracy and completeness of your responses. The Insurer(s) rely upon the information provided on this form to appropriately consider the risk, set rates and place adequate re-insurance. 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.]

Foundations To be included Yes No

Clubhouse Building _____

Clubhouse Contents _____

Ice Compressors _____

Ice Making Equipment _____

ProShop Equipment _____

ProShop Inventory (if owned) _____

Fencing _____

Exterior Lighting _____

Other _____

Other _____

Other _____

Total Property of Every Description _____

Business Interruption Limit _____

Extra Expense Limit _____ (40%-70%-90%-100%) 100% Immediate

Money & Securities _____ Deductible _____

Employee Bond _____ Form _____

Boiler & Machinery Yes No

Other _____

LIABILITY INSURANCE

Commercial General Liability: \$ _____

Employees (Fulltime) _____ (part time) _____ Ann. Payroll: _____

Workers Compensation: Yes No; (All employees) (Only mandatory employees)

Liquor License: Yes No [If yes, complete and attach supplemental Liquor Liability Questionnaire]

Ann. Receipts: Liquor _____ Food _____ Dues _____

Fees _____ Other _____

Independent Sub-Contractors :

ProShop Yes No; Name: _____

Restaurant Yes No; Name: _____

Other Yes No; Name and activity:

Do all independent contractors sign written contracts including waivers & indemnity agreements
 Yes No

Do independent contractors provide "Proof of Liability Insurance" Yes No

Please describe any "Unique" or "Unusual" liability exposures that exist at this club _____

Property of Others in Storage \$ _____

IMPORTANT - Do members sign Storage Agreements including Waivers of Liability Yes No
(If yes, attach a copy)

Excess Liability \$ _____ Self-Insured Retention _____

Director's & Officer's Liability: \$ _____

Non-profit corporation Yes No

Number of Directors and Officers _____

Annual Gross Revenues \$ _____ Deductible \$ _____