



345 Carlingview Drive  
Toronto, Ontario M9W 6N9  
Tel.: 416.734.3300  
Fax: 416.231.1626  
Toll Free: 1.877.682.8772

[www.tssa.org](http://www.tssa.org)

Dear Amusement Device Operator,

The Technical Standards and Safety Authority (TSSA) is pleased to provide you with this information package to assist you with the renewal of your Amusement Device Business License (ADL) and Amusement Device Permit(s) for the upcoming operating season.

**REMINDER:** Please renew on time. You will not be permitted to operate if you do not renew your license and permit/s prior to its expiry date. If your authorization expires, TSSA may perform an inspection at a cost to you to verify you are no longer operating.

**Important information when completing renewal package.**

- Amusement Device Business Licence (ADL) and Amusement Device Permit fees are based on the posted Amusement Devices Fee Schedule posted on the TSSA website
- You will receive an invoice to renew you Amusement Device Business License.
- A pre-payment fee is required for the requested Amusement Device Permit renewals.
- TSSA will only issue device permits upon completion of inspection

**Renewal Package Checklist**

To assist you with completing the renewal package, ensure you have:

1. Completed "Renewal Form for Amusement Device Business License (ADL)"
2. Renewal Payment for Amusement Device Business License (ADL)
3. Submitted a valid Certificate of Insurance

***Next Steps: "Application to Renew Amusement Device Permit"***

4. Completed "Application to Renew Amusement Device Permit"
5. Pre-payment for all devices required for this season

Please be advised that missing any requirement from the checklist will cause a delay in processing your renewal.

**Submittal of Renewal Package**

by email:

[licencingandregistration@tssa.org](mailto:licencingandregistration@tssa.org)

by mail:

Attention: Licensing & Registration Department  
345 Carlingview Dr  
Toronto ON M9W 6N9

If you require any further information or have any questions, please contact a Customer Service Advisor at 1.877.682.8772 (TSSA) or [customerservices@tssa.org](mailto:customerservices@tssa.org). We will be pleased to assist you.

Yours in Safety,

**Roger Neate**  
**Director, Elevating and Amusement Devices Safety Program**  
Technical Standards and Safety Authority  
[www.tssa.org](http://www.tssa.org)



### INFORMATION ON INSURANCE DOCUMENTATION

#### Insurance Requirements O.Reg 221/01, s. 5 (3)

***Every person who carries on the business of operating amusement devices shall obtain and maintain liability insurance in respect of the business in the amount not less than \$2,000,000 per occurrence with a carrier licensed in Ontario and/or Canada. O. Reg 221/01, s. 5 (3).***

It is an important component of TSSA's mandate to protect the public interest by ensuring that there is insurance available to protect the Public. A Certificate of Insurance, in *Acord* or *CSIO* form, is required to evidence compliance with O. Reg 221/01, s. 5(3).

#### Requirement for a Certificate of Insurance

Insurance agents, brokers and managing general agents are recognized by the insurance industry as authorized intermediaries. To acknowledge this relationship, and as a means to simplify its processes, TSSA will once again accept certificates of insurance from these parties.

The certificates of insurance must conform with industry accepted standards, that is, they must be prepared on an *Acord* or *CSIO* form.

To obtain an *Acord* or *CSIO* certificate of insurance, simply contact your insurance agent or broker and ask them to issue and sign a Certificate of Insurance, in *Acord* or *CSIO* form, noting TSSA as the certificate holder and detailing the devices to be insured, the limits required under Regulation 221(5) 3 and confirmation that a 30-day notice of cancellation and/or material change in coverage clause has been endorsed onto the policy. It is also recommended that the Certificate of Insurance reference your Amusement Devices Licence Number to help ensure timely processing. A sample Certificate of Insurance is attached for your reference. The Certificate of Insurance must then be submitted to TSSA with the annual licence application.

#### Notification of Changes to Insurance

Whenever there is a change to insurance coverage including cancellation or renewal, TSSA must be notified to always keep insurance information current. Please provide a new *Acord* or *CSIO* Certificate of Insurance within 30 days of renewals or changes. Failure to notify TSSA will result in invalidating the licence.

Please include a cover letter detailing your licence number, contact name and phone number.

**For more information:** Visit our website at [www.tssa.org](http://www.tssa.org) or contact a Customer Service Advisor by phone: 1.877.682.8772 (TSSA) or [email: customerservices@tssa.org](mailto:customerservices@tssa.org).



## SAMPLE CERTIFICATE OF INSURANCE

The following documents are an example of what your insurance agent or broker will prepare on your behalf.

**ACORD, CERTIFICATE OF LIABILITY INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE: INSURER A, INSURER B, INSURER C, INSURER D, INSURER E. NAIC #:

INSURED:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| NEW ADD'L LTR. NUM. | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/SS/YY) | POLICY EXPIRATION DATE (MM/SS/YY) | LIMITS                                       |
|---------------------|--|---------------|----------------------------------|-----------------------------------|--|
|                     | GENERAL LIABILITY  |               |                                  |                                   | EACH OCCURRENCE \$                           |
|                     | COMMERCIAL GENERAL LIABILITY   |               |                                  |                                   | DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ |
|                     | CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>  |               |                                  |                                   | WRD EXP (Any one person) \$                  |
|                     | GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO <input type="checkbox"/> AGG <input type="checkbox"/> LOC <input type="checkbox"/> |               |                                  |                                   | PERSONAL & ADV INJURY \$                     |
|                     |  |               |                                  |                                   | GENERAL AGGREGATE \$                         |
|                     |  |               |                                  |                                   | PRODUCTS - COMP/OP AGG \$                    |
|                     | AUTOMOBILE LIABILITY   |               |                                  |                                   | COMBINED SINGLE LIMIT (EA accident) \$       |
|                     | ANY AUTO   |               |                                  |                                   | BODILY INJURY (Per person) \$                |
|                     | ALL OWNED AUTOS  |               |                                  |                                   | BODILY INJURY (Per person) \$                |
|                     | SCHEDULED AUTOS  |               |                                  |                                   | PROPERTY DAMAGE (Per accident) \$            |
|                     | HIRED AUTOS  |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$                   |
|                     | NON-OWNED AUTOS  |               |                                  |                                   | OTHER THAN EA ACC \$                         |
|                     |  |               |                                  |                                   | AUTO ONLY: AGG \$                            |
|                     | GARAGE LIABILITY   |               |                                  |                                   | EACH OCCURRENCE \$                           |
|                     | ANY AUTO   |               |                                  |                                   | AGGREGATE \$                                 |
|                     | EXCESS/UMBRELLA LIABILITY  |               |                                  |                                   | REDUCTIBLE \$                                |
|                     | OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>  |               |                                  |                                   | RETENTION \$                                 |
|                     | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |               |                                  |                                   | WC STATUTORY LIMITS \$                       |
|                     | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER IN EXCLUDED?  |               |                                  |                                   | E.L. EACH ACCIDENT \$                        |
|                     | If yes, describe under SPECIAL PROVISIONS below  |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE \$                |
|                     | OTHER  |               |                                  |                                   | DISEASE - POLICY LIMIT \$                    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER: CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**CERTIFICATE OF INSURANCE**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS 2A. INSURED'S FULL NAME AND MAILING ADDRESS

2B. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS (not only with respect to the operations of the named insured)

3. COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described hereinafter is subject to all terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

| TYPE OF INSURANCE  | INSURANCE COMPANY AND POLICY NUMBER | EFFECTIVE DATE YYYYMMDD | EXPIRY DATE YYYYMMDD | LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)  |      |                     |
|--|-------------------------------------|-------------------------|----------------------|--|------|---------------------|
|  |                                     |                         |                      | COVERAGE   | DED. | AMOUNT OF INSURANCE |
| COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE<br><input type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS<br><input type="checkbox"/> EMPLOYERS LIABILITY<br><input type="checkbox"/> CROSS LIABILITY<br><input type="checkbox"/> TENANTS LEGAL LIABILITY<br><input type="checkbox"/> NON-OWNED AUTOMOBILES<br><input type="checkbox"/> HIREN AUTOMOBILES<br><input type="checkbox"/> POLLUTION LIABILITY EXTENSION |                                     |                         |                      | COMMERCIAL GENERAL LIABILITY<br>BODILY INJURY AND PROPERTY DAMAGE<br>LIABILITY - GENERAL AGGREGATE<br>EACH OCCURRENCE<br>PRODUCTS AND COMPLETED OPERATIONS<br>AGGREGATE<br>PERSONAL AND ADVERTISING INJURY<br>LIABILITY<br>MEDICAL PAYMENTS<br>TENANTS LEGAL LIABILITY<br>NON-OWNED AUTOMOBILE |      |                     |
| AUTOMOBILE LIABILITY<br><input type="checkbox"/> DESCRIBED AUTOMOBILES<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> LEASED AUTOMOBILES **<br><input type="checkbox"/>   |                                     |                         |                      | BODILY INJURY (NO)<br>PROPERTY DAMAGE<br>COMBINED<br>BODILY INJURY (PER PERSON)<br>BODILY INJURY (PER ACCIDENT)<br>PROPERTY DAMAGE   |      |                     |
| * ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE ANNUAL IS REQUIRED TO PROVIDE INSURANCE  |                                     |                         |                      |  |      |                     |
| EXCESS LIABILITY<br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM  |                                     |                         |                      | EACH OCCURRENCE<br>AGGREGATE   |      |                     |
| OTHER LIABILITY (SPECIFY)  |                                     |                         |                      |  |      |                     |

4. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail \_\_\_\_\_ days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

5. BROKER'S FULL NAME AND MAILING ADDRESS 6. ADDITIONAL INSURED NAME AND MAILING ADDRESS

BROKER'S CLIENT ID:

7. CERTIFICATE AUTHORIZATION

SIGNATURE OF AUTHORIZED REPRESENTATIVE PRINT NAME POSITION HELD DATE

COMPANY EMAIL ADDRESS CONTACT NUMBER HOME BUSINESS CELL FAX

CSIO - CERTIFICATE OF INSURANCE - 0906 (Revised 10/08)

In 2008, CSIO Inc. Study of Insurance Conditions Act rights released.



Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, Ontario, M9W 6N9  
[licencingandregistration@tssa.org](mailto:licencingandregistration@tssa.org)  
Tel: 416.734.3300  
Fax No: 416.231.4903  
Customer Service: 1.877.682.8772  
[www.tssa.org](http://www.tssa.org)

# Renewal Form for Amusement Device Business License (ADL)

Issued Under Ontario's Technical Standards and Safety Act  
Amusement Devices Regulations

**Section A:** Please note that it is mandatory to complete all parts of the section listed below

|   |              |                  |  |
|---|--------------|------------------|--|
| Current Amusement Device License No:  |              |                  |  |
| Company (Owner/Operator=):  |              |                  |  |
| Corporation No: /Business Identification No:  |              | Name of Contact: |  |
| Bus. Telephone No:  |              | Email Address:   |  |
| Please provide complete <b>Mailing address</b> in the fields provided below                                   |              |                  |  |
| Street No:  | Street Name: | Unit/Suite:      |  |
| City/Town:  | Province:    | Postal/Zip Code: |  |
| Bus. Telephone No:  |              | Fax No:          |  |
| If your business location address is <b>different</b> from your mailing address, please complete this section |              |                  |  |
| Street No:  | Street Name: | Unit/Suite:      |  |
| City/Town:  | Province:    | Postal/Zip Code: |  |
| Bus. Telephone No:  |              | Fax No:          |  |

**Section B:** Please note that it is mandatory to complete all parts of the section listed below:

| Classes of Amusement Devices                       | Mechanic Name | Mechanic Certificate Number | Check all that apply               |                     | Mechanic Signature |
|--|---------------|-----------------------------|------------------------------------|---------------------|--------------------|
|  |               |                             | Staff (employee of licence holder) | Contracted Mechanic |                    |
| Amusement Rides                                    |               |                             |                                    |                     |                    |
| Go- Karts  |               |                             |                                    |                     |                    |
| Water Slides                                       |               |                             |                                    |                     |                    |
| Bungee Jumping                                     |               |                             |                                    |                     |                    |
| Inflatable   |               |                             |                                    |                     |                    |
| Zip Line   |               |                             |                                    |                     |                    |
| Others (example; stimulator, free fall descending) |               |                             |                                    |                     |                    |

**Section C: Declaration of Mechanic for Amusement Devices** (Please note that it is mandatory to complete all parts of the section listed below)

The Applicant/Licensee Mechanic hereby states that "The Mechanic (by signing Section B), confirms that he/she is either directly employed with the licensee or is under contract with the licensee to erect and maintain the amusement devices operated by the Applicant/Licensee, pursuant to O.Reg.221/101, section 5(2)(b). The agreement is valid for the renewal season."

Applicant's Name: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**Operating Schedule:**

As per O.Reg 249/00 s.6(4), owners are required to submit a copy of their [Operating Schedule](#) (to the extent known) by email [adoperatingschedules@tssa.org](mailto:adoperatingschedules@tssa.org) or to be made available to the inspector upon request. [Approved Amusement Devices Operating Schedule Template](#)

I am authorized to execute this form on behalf of the above noted company and understand my obligation as it relates to O.Reg 221/01 s.5 (3).

\_\_\_\_\_  
Date (dd-mmm-yyyy)

\_\_\_\_\_  
Applicant's Official Title

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Signature



Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, Ontario, M9W 6N9  
[licencingandregistration@tssa.org](mailto:licencingandregistration@tssa.org)  
Tel: 416.734.3300  
Fax No: 416.231.4903  
Customer Service: 1.877.682.8772  
[www.tssa.org](http://www.tssa.org)

**Renewal Form for Amusement Device  
Business License (ADL)**  
*Issued Under Ontario's Technical Standards and Safety Act  
Amusement Devices Regulation*

**Section D:** *Please note that it is mandatory to complete all parts of the section listed below*

| Declaration of Applicant   | Applicant's Signature |
|--|-----------------------|
| <p><b>The applicant, authorized by the Company, confirms that</b></p> <p>(a) The officials designated have full knowledge of the Technical Standards and Safety Act, Amusement Devices Regulations and the Code Adoption Document.</p> <p>(b) Relative to O. Reg 221/01 s.5 (3) which states, every person who carries on the business of operating amusement devices shall obtain and maintain liability insurance in respect of the business in the amount not less than \$2,000,000 per occurrence with a carrier licensed in Ontario and/or Canada</p> <p style="padding-left: 40px;">A public liability policy has been procured in respect of the business.<br/>The limit of liability on the policy is a minimum of \$2M per occurrence.<br/>The public liability policy was purchased from an insurance company that is licensed under the Insurance Act and is therefore subject to OSFI regulations.<br/>The policy has been endorsed with a 30-day notice of cancellations clause.<br/>An original Certificate of Insurance is attached and forms part of this application.</p> |                       |
| <p><b>If a licence is granted the licensee shall:</b></p> <p>(a) Ensure that no erection or maintenance is performed unless the work is performed by a Mechanic in Training under the supervision of a mechanic and that no mechanic is assigned work beyond the scope of his/her experience and training as stated in the Regulations.</p> <p>(b) Ensure that the erection, operation and maintenance of each amusement device operated by the licensee is carried out in accordance with the Technical Standards and Safety Act, Amusement Devices Regulations, and the Code Adoption Document</p>   |                       |

**STEP 1: Submit Renewal "Form for Amusement Business License (ADL)"**

by email:

[licencingandregistration@tssa.org](mailto:licencingandregistration@tssa.org)

by mail:

Attention: Licensing & Registration Department  
345 Carlingview Dr  
Toronto ON M9W 6N9

**STEP 2: Pay Renewal Invoice for "Amusement Business License (ADL)"**

Follow payment process noted on Invoice

**Amusement Device Business License (ADL) will be issued as soon as Step 1 and 2 is completed**