



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

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 your 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

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. We will be pleased to assist you.

Yours in Safety,

AJ Kadirgamar

Director, Elevating and Amusement Devices Safety Program

Technical Standards and Safety Authority

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 *CS/O* 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 *CS/O* form.

To obtain an *Acord* or *CS/O* certificate of insurance, simply contact your insurance agent or broker and ask them to issue and sign a Certificate of Insurance, in *Acord* or *CS/O* 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 *CS/O* 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 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		DATE PREPARED
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:		NAIC #:
INSURER A:		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
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.		
INSURED	TYPE OF INSURANCE	POLICY NUMBER
GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY	
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>	
	GENERAL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> AGG. <input type="checkbox"/> LOC. <input type="checkbox"/>	
	AUTOMOBILE LIABILITY	
	ANY AUTO	
	ALL OWNED AUTOS	
	SCHEDULED AUTOS	
	HIRE AUTOS	
	NON-OWNED AUTOS	
	GARAGE LIABILITY	
	ANY AUTO	
	EXCESS/UMBRELLA LIABILITY	
	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>	
	DEDUCTIBLE	
	RETENTION	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? <input type="checkbox"/>	
	OTHER	
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		

CSIO/CEPA 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		2. INSURED'S FULL NAME AND MAILING ADDRESS			
		3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS (not only with respect to the operations of the Named Insured)			
		POSTAL CODE			
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. This insurance afforded by the policies described herein 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	EXPIRY DATE	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY				COVERAGE	DED. AMOUNT OF INSURANCE
<input type="checkbox"/> CLAIMS MADE OR <input type="checkbox"/> OCCURRENCE				COMMERCIAL GENERAL LIABILITY	
<input type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS				BODILY INJURY AND PROPERTY DAMAGE	
<input type="checkbox"/> EMPLOYERS' LIABILITY				LIABILITY - GENERAL AGGREGATE	
<input type="checkbox"/> CROSS LIABILITY				EACH OCCURRENCE	
<input type="checkbox"/> TENANTS' LEGAL LIABILITY				PRODUCTS AND COMPLETED OPERATIONS	
<input type="checkbox"/> NON-OWNED AUTOMOBILES				AGGREGATE	
<input type="checkbox"/> HIRE AUTOMOBILES				PERSONAL AND ADVERTISING INJURY	
<input type="checkbox"/> POLLUTION LIABILITY EXTENSION				LIABILITY	
				MEDICAL EXPENSES	
				TENANTS' LEGAL LIABILITY	
				NON-OWNED AUTOMOBILE	
AUTOMOBILE LIABILITY				BODILY INJURY AND PROPERTY DAMAGE	
<input type="checkbox"/> SCHEDULED AUTOMOBILES				COMBINED	
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER PERSON)	
<input type="checkbox"/> LEASED AUTOMOBILES**				BODILY INJURY (PER ACCIDENT)	
<input type="checkbox"/>				PROPERTY DAMAGE	
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE					
EXCESS LIABILITY				EACH OCCURRENCE	
<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	
<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
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			
		POSTAL CODE			
BROKER'S CLIENT ID:		POSTAL CODE			
7. CERTIFICATE AUTHORIZATION					
SIGNATURE OF AUTHORIZED REPRESENTATIVE	PRINT NAME	POSITION HELD	DATE		
COMPANY	EMAIL ADDRESS	CONTACT NUMBER HOME BUSINESS	CELL FAX		



Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario, M9W 6N9
licencingandregistration@tssa.org
Tel: 416.734.3300
Fax No: 416.231.4903
Customer Service: 1.877.682.8772
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 Mailing address 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 different 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 to be operated, erected & maintained and Company's Activities					
The mechanic (s) listed below can maintain or erecting (as specified) each amusement device operated by the licensee and have knowledge of the Technical Standards and Safety Act , Amusement Devices Regulations, and Codes applicable to the work they perform					
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 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



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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>The applicant, authorized by the Company, confirms that</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>A public liability policy has been procured in respect of the business. The limit of liability on the policy is a minimum of \$2M per occurrence. The public liability policy was purchased from an insurance company that is licensed under the Insurance Act and is therefore subject to OSFI regulations. The policy has been endorsed with a 30-day notice of cancellations clause. An original Certificate of Insurance is attached and forms part of this application.</p>	
<p>If a licence is granted the licensee shall:</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

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