

SPORTS APPLICATION - SINGLE EVENT (Class 1)

TOURNAMENTS – such as Baseball, Basketball, Flag Football, Track & Field, Dance Competitions

APPLICANT INFORMATION:

Name of Applicant: _____

Operating Name: _____

Effective Date: From: _____ Time: AM PM To: _____ Time: AM PM

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Have you ever had insurance refused or cancelled in the past 3 years? Yes No

Has there been any losses and / or injuries in the past 3 years? Yes No

Previous insurance carrier and premium: _____

EVENT DESCRIPTION: all participants / teams must be reported here and included in this coverage

Complete Description of Activities: _____

Number of games: _____

Description & Address of Location: _____

Website address for event: _____

Number of Participants: 6-12: _____ 13-18: _____ 19 & over: _____

Number of Teams: _____ **TOTAL** number of participants for the entire policy term: _____

Do all participants sign a waiver of release? Yes No

Estimated Number of Spectators: _____

Level of sport played is: Amateur-Recreational Amateur-Competitive Professional

Level of Contact: Non-Contact Incidental Contact Full-Contact

Do you belong to an association who already provide liability coverage to you? Yes No

U.S. operations, exposures, players? _____

Describe the available medical / first aid / safety procedures: _____

Do you operate to the standards of your provincial sport association? Yes No

Is alcohol being served? Yes No If Yes, Please submit for referral.

Has this event been held before? Yes No If Yes, for how many years? _____

Request to Bind

CGL including participant Accident Medical Coverage
\$2,000,000 \$250

**** For limits greater than \$2 million, or more than 100 participants please submit to Oceanic for rating.**

Insurance is not in effect until Oceanic Underwriters has issued a binder number.
The policy will be subject to a minimum \$1,000 deductible. 15% Broker Commission on Premiums.
Premiums are fully earned and retained once binder number issued by Oceanic Underwriters

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Signature: _____ Date: _____ Brokerage: _____

Broker Signature: _____ (Print): _____ Ph#: _____ Fax #: _____

Broker Email: _____