

HOCKEY INSURANCE APPLICATION – NON-CONTACT HOCKEY TEAMS

For Amateur, Recreational, Individual Hockey Teams (Up to 20 Players Maximum)

APPLICANT INFORMATION:

Name of Applicant: _____

Name of Team: _____

Effective Date: _____ Expiry Date: _____

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: _____

SPORT ACTIVITY DESCRIPTION:

Types of Team: _____

Description & Address of Location: _____

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

Number of Coaches / officials / referees: _____

Are the coaches industry certified and / or have first – aid qualifications? Yes No

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

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

Highest Level or Tier of competition: _____

Number of games played: _____ Practices: _____ Tournaments: _____

Do you use a waiver or release, release of liability and assumption of risk management waiver? Yes No

Describe the medical / first aid / safety procedures: _____

Any overnight exposures? Yes No If yes, please provide details: _____

U.S. operations, exposures, players? Yes No If yes, please provide details: _____

Request to Bind

CGL including participant Accident Medical Coverage

\$2,000,000	\$350	Short Term
\$2,000,000	\$450	Annual Term

**** For contact hockey, limits greater than \$2 million, or more than 20 participants please submit 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 is issued by Oceanic Underwriters.

BROKER INFORMATION:

Brokerage: _____ Contact: _____

Tel: _____ Fax: _____ Email: _____

Is this an existing account for your brokerage? Yes No

How long have you held this account: _____ Target Premium: _____

Current Insurer: _____ Current Policy #: _____ Expiry: _____

Current Limits: _____

Last date you inspected this risk as the broker: _____ Month: _____ Year: _____

PLEASE NOTE:

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes was not provided. The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

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

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

Broker Email: _____