

**APPLICANT**

Legal Name of Applicant: \_\_\_\_\_

Team/School/Tournament Name: \_\_\_\_\_ Website: \_\_\_\_\_

DESIRED EFFECTIVE DATE OF COVERAGE: From: \_\_\_\_\_ To: \_\_\_\_\_

Requested limits: \$1 million  \$2 million  \$3 million  \$4 million  \$5 million

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Risk Location Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Person completing this application: \_\_\_\_\_ Position: \_\_\_\_\_

Business is: Sole Proprietorship  Partnership  Non Profit Assn  Corporation (Inc., Ltd.)

If you are Non Profit, do you require a quotation for Directors & Officers Insurance (separate application will be required) Yes  No

**ACTIVITY INFORMATION:**

1) Insurance is required for: Individual Team  League  Tournament  Training School/Camp

a. If TOURNAMENT, do you require proof of insurance from all teams? Yes  No

i. If NO, then all participants / teams must be reported here and included in this coverage.

b. If LEAGUE, do you own your facility? Yes  No

i. If YES, a separate application will be required for facility coverage.

**If you are a provincial sport organization, or an association whose membership is comprised of leagues or member clubs, please complete the ASSOCIATION application.**

2) Level of sport played is: Amateur-Recreational  Amateur – Competitive  Professional

3) Sport is considered : Contact  Non Contact  Incidental Contact Only

4) Highest Level or Tier of competition: \_\_\_\_\_

5) Do you belong to an association who already provides liability coverage to you? Yes  No

a. If YES, please name association and coverage: \_\_\_\_\_

6) Describe the sport activities to be insured and the level of 'person to person' CONTACT involved: \_\_\_\_\_

7) Number of games played: \_\_\_\_\_ practices: \_\_\_\_\_ tournaments: \_\_\_\_\_

8) Number of participants 12 & under: \_\_\_\_\_ 13-18: \_\_\_\_\_ 19 & over: \_\_\_\_\_

9) Total number of teams: \_\_\_\_\_ TOTAL number of participants for the entire policy term: \_\_\_\_\_

10) Number of paid coaches / managers: \_\_\_\_\_ Number of volunteers: \_\_\_\_\_

11) Number of officials / referees: \_\_\_\_\_ Number of board members: \_\_\_\_\_

12) Ratio of Coaches to Participants (maximum class size): \_\_\_\_\_

13) Please list all provinces, territories or countries in which you operate: \_\_\_\_\_

14) Do you have any US / Foreign players? Yes  No

a. If YES, do they carry appropriate medical insurance covering them for sporting activities? Yes  No

15) Do you use a waiver of release, release of liability and assumption of risk agreement (waiver) for ALL clients for ALL activities? Yes  No

a. If NO, please explain: \_\_\_\_\_

b. If YES, please provide a copy for our review. \_\_\_\_\_

16) Do you use a medical questionnaire for all participants? Yes  No

a. Explain how and why you would decline a client from participating: \_\_\_\_\_

17) Do you have any overnight exposure? Yes  No

a. If YES, please explain & provide supervision procedures:

18) Are participants ever taken offsite (such as swimming etc. during a day camp program)? Yes  No

a. If YES, please explain:

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

a. If NO, please explain:

b. If there is no PSO for your sport, please provide us with a copy of your rules & regulations.

20) Do you require participants to wear all safety gear (i.e. helmets, mouth guards, etc) as recommended by the governing body for your sport? Yes  No

a. If NO, please explain:

21) Is First Aid available at all practices, games & sanctioned events? Yes  No

22) Are your coaches certified? Yes  No

a. If NO, please explain how they are trained:

23) Do you have any fund raisers? Yes  No

a. If YES, please describe:

**INSURANCE INFORMATION**

24) Have you ever been declined for liability insurance coverage? Yes  No

a. If YES, please explain:

25) Has your insurance coverage ever been cancelled by any insurance company? Yes  No

a. If YES, please explain:

26) Have you had an insurance claim, or do you know of any incidents that may arise in a claim pending for the past five years:

Yes  No  If YES, please explain:

27) Please provide your previous insurer and premium amount for the past three years:

YEAR	INSURANCE COMPANY	PREMIUM	LIMIT OF LIABILITY

**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.

Insured Signature: Date:

Broker Signature: Date:

Broker Email: