

SPORTS APPLICATION - SINGLE EVENT (Class 2)

TOURNAMENTS – such as Dodge Ball, Broom Ball, Cycling & Duathlons, Field Hockey, Football, Recreational Triathlon

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 \$500

**** 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 APPLICATION:

This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance will render insurance coverage null and void at inception. Please therefore check to make sure all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. 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. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law of and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I can confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. Signing of this form does not bind the Applicant to purchase the insurance or the insurer to accept the risk, but is agreed that this form shall be the basis of the contract should a policy be issued. For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada.

Applicant's Signature: _____

Date: _____

Brokerage: _____

Broker Signature: _____

(Print): _____

Ph#: _____

Fax #: _____

Broker Email: _____