

**APPLICANT**

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

Website: \_\_\_\_\_

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

Requested limits: \_\_\_\_\_

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

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

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

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

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

Business is (check one): 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 & ASSOCIATION INFORMATION:**

1) Do you own any facilities: Yes  No

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

2) Please state your association mission statement: \_\_\_\_\_

3) Please state sport (s) covered: \_\_\_\_\_

4) Are you the Provincial or National governing body for your sport? Yes  No

5) Please describe highest level of sport covered by your association: \_\_\_\_\_

6) Total Club Membership: participants \_\_\_\_\_ member clubs/leagues \_\_\_\_\_

7) Will this coverage apply to all member clubs of your association? Yes  No

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

8) Please provide a list of all member clubs of your association (attach if necessary):

**PLEASE NOTE THAT ONLY CLUBS THAT ARE LISTED HERE OR ADDED BY ENDORSEMENT WILL BE INCLUDED IN THIS POLICY**

Name of Club	Mailing Address	Total # of Participants	Total # of Teams if applicable

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

10) Do you have any US/Foreign members? Yes  No

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

11) 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.

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

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

13) 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:

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

15) Are your coaches certified? Yes  No

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

16) Do you certify coaches or trainers? Yes  No

a. If YES, please provide copy of certification process.

17) Do you set standards for coaches & officials? Yes  No

18) Do you set standards for disciplinary action taken against players or officials? Yes  No

19) Do you set standards for safety gear or sporting equipment, or engage in any research or development for any equipment?

Yes  No

a. If YES, please describe your role in detail:

20) Do you have protocols in place for:

a. Risk Management & Emergency Response Yes  No

b. Alcohol & Drug Use Yes  No

c. Discrimination Yes  No

d. Abuse & Molestation Yes  No

If you answered yes to any of the above questions, please provide a copy of these protocols, and describe how they are distributed and trained throughout the association.

21) Do you have any fund raisers? Yes  No

a. If YES, please describe:

22) Please provide any additional information that you feel may assist us:

**INSURANCE INFORMATION**

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

a. If YES, please explain:

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

a. If YES, please explain:

25) Have you had an liability 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:

26) 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 <input type="checkbox"/> No <input type="checkbox"/>		
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:	