



[Commercial Lines]

SPORTS TEAMS, LEAGUES & SCHOOLS APPLICATION



cansURE

A: 830-800 W. Pender St. Vancouver, B.C V6C 2V6 T: 604.685.6533

TOLL FREE T: 1.877.685.6533 F: 604.685.6554 E: info@can-sure.com W: www.can-sure.com

SPORTS TEAMS, LEAGUES & SCHOOLS APPLICATION

PART 1 GENERAL INFORMATION

Broker: _____ Broker Phone: _____

Broker Contact: _____ Broker Email: _____

Legal Name: _____

Operating Name: _____

Website: _____ Tel: _____ Email: _____

Contact Person: _____ Position: _____

Desired Effective Date: DD/MM/YY _____ Expiry Date: DD/MM/YY _____

Limits of Insurance Required: \$1,000,000 \$2,000,000 \$5,000,000 Other: \$ _____

Please describe type(s) of sport(s) played: *(Please note whether contact or non-contact sport)*

Type of Organization: Team League Association School

Number of years in existence: _____ Total number of Players / Members: _____

Number of Coaches: _____ Number of Staff: _____ Number of Volunteers: _____

Previous Insurer: _____

Has any Insurer cancelled, declined or refused you coverage? Yes No Expiring Premium: \$ _____

If "Yes" to above, please provide details

PART 2 LOSS HISTORY

Check here if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS DD/MM/YY	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	CLOSED – YES/NO
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach any available insurance company loss reports with this application

PART 3 ADDITIONAL INFORMATION

Location of Playing Fields (Full Legal Address):

Postal Code:

If Landlord is required to be shown as an Additional Insured, please provide Legal Name and Address:

Postal Code:

What is your operating budget? \$

Do you have Fund Raisers, Special Events (Non-Sport) and other functions? Yes No If "Yes", please describe below:

Is alcohol served or sold at any of these events? Yes No

Are Games played: Indoors Outdoors Both Indoors and Outdoors

Are there Referees **AT ALL TIMES**? Yes No

Please describe any obstacles:

Are Spectators protected by nets or other barriers? Yes No

PART 4 EQUIPMENT AND SAFETY

Are all Members required to sign Waivers? Yes No

Please clearly detail your process and procedures for having Members sign waivers, including who is responsible for this:

Please provide sample copy of a Waivers, Rules and By-Laws

Is all equipment checked before each game? Yes No

Are Safety Rules and Procedures clearly posted on premises? Yes No

Is there someone with CPR/First Aid and/or a First Aid Kit on site? Yes No

Is any alcohol sold, served, or consumed at games? Yes No If "Yes", please provide details below:

Please note any additional pertinent information in the space provided below:

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

BROKER DECLARATION

How long have you known this applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the applicants operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this applicant? _____

Broker's Signature: _____

Position: _____

Please print name: _____

Date: _____