



SPORTS INSURANCE APPLICATION

GENERAL INFORMATION

Name of Insured:

Mailing Address:

Risk Address:

Contact Name:

Title:

Website:

Telephone Number:

Email Address:

Effective Date:

Expiry Date:

Number of years in operation:

Type of Organization (Select all that apply)

Team League Club Studio Facility Provincial Association National Association

Affiliations (Select all that apply)

Provincial National International

If selected, please provide details below

Are all actives sanctioned? YES NO

If no, please specify what actives are considered not sanctioned:

For Profit

Not For Profit

Annual operating budget/revenue:

Describe the type of sport activities to be insured:

Is the Sport: Contact Non-Contact

Number of Participants:

Number of Games:

Number of Tournaments:

Are any tournaments in the USA?

Yes No

Are any tournaments outside of North America?

Yes NO

If yes, where are the tournaments being held?

How many tournaments per year?

Number of Participants per Tournament:

Length of time outside of North America:

Number of Social Events:

Number of Fund Raising Events:

Any Liquor Exposure:

Yes No

If yes, please provide details:

Total Number of Participants:

Out of the total number of participants how many are considered:

Minor Adult

Are the participants professional Athletes?

Yes No

Number of Officials:

Number of Coaches:

Number of Volunteers:

Number of Trainers:

Are all trainers certified:

Yes No

If yes, what are their certifications?

Describe medical/first aid/safety and security procedures:

Are waivers/release/or consent forms signed by each participant

Yes No

If no, Why?

Describe the facility where your sport is being played:

LIABILITY COVERAGE

Limit of liability coverage required

\$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

Current Insurer

Policy Number

Has any company previously declined or cancelled any insurance coverage:

Yes No

Are there any losses in the last 5 Years?

Yes No

If yes, please provide full details including date, description of loss, amounts paid out and reserves.

DIRECTORS' AND OFFICERS' / ERRORS AND OMISSIONS

Limit of coverage required

\$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

How often is an audit completed?

Number of Directors:

Number of Employees:

Full Time: Part Time:

Has the organization filed a federal income tax return for any of the last 5 years?

Yes No

Do you have by-laws?

Yes No

When were your by-laws last updated?

Current Insurer:

Policy Number:

Has a company previously declined or cancelled any insurance coverage:

Yes No

Are there any losses in the last 5 Years?

Yes No

If yes, please provide full details including date, description of loss, amounts paid out, and reserves.

SPORT ACCIDENT

Do you require player accident coverage?

Yes No

Current Insurer:

Policy Number:

Has any company previously declined or cancelled any insurance coverage:

Yes No

Are there any losses in the last 5 Years?

Yes No

If yes, please provide full details including date, description of loss, amounts paid out and reserves:

PROPERTY COVERAGE

Do you require property coverage?

Yes

No

If yes, please complete a property supplement form

I certify that all information is truthful and accurate, to the best of my knowledge