



SOFTBALL & BASEBALL TEAM
LIABILITY INSURANCE APPLICATION

SECTION 1: Applicant Information

- 1. Official/legal name:
2. Contact name:
3. Street address:
4. City:
5. Province:
6. Postal Code:
6. Phone:
8. Fax
7. Website:
10. Email
8. Additional insured:

SECTION 2: Underwriting Information

- 1. Date organization was created:
2. Is this a: Team League Association Owner/Operator Corporation
3. Provincial Affiliation:
4. National Affiliation:
5. Number of baseball teams under 18:
6. Number of baseball teams over 18:
7. Number of softball teams under 18:
8. Number of softball teams over 18:
9. How many games will be held during the policy period per team:
10. How many practises will be held during the policy period per team:
11. Are all practises, contests, exhibition games, and other events sanctioned and supervised by the organization: Yes No
12. Do you have any potential for travel outside of Canada: Yes No
13. Do you have any foreign participants: Yes No

14. Please include the following or provide an explanation why it's not included

Table with 2 columns: Document, Explanation why it's not included. Rows include Incorporation documents, All insurance policies in effect, Sample registration forms, Sample waivers/release, Sample medical questionnaire, Risk management plan, Rules of the game.

- 15. Do you allow your waivers to be filled out online: Yes No

16. Where do you store client records: _____

17. How long do you keep client records: _____

SECTION 3: Staffing

1. Total number of coaches: _____

2. Do you check background, experience, and qualifications for each employee: Yes No _____

3. What level of first-aid do you require coaches to have: _____

4. Do you do criminal record checks on all staff: Yes No _____

SECTION 3: Coverage Requested

1. Liability limit: _____

2. Other coverage's requested: _____

3. Requested effective date: _____

4. Requested expiry date: _____

SECTION 4: Insurance History

1. Previous carrier: _____ 2. Premium _____

3. Type of policy: _____ 4. Policy #: _____

5. Effective date: _____ 6. Expiry date: _____

7. Limit: _____

8. Losses: _____

9. Has any insurer ever declined, cancelled, or imposed special conditions for any coverage for you, your facility, or your employees in the past: Yes No _____

10. Have you, your facilities, or your employees ever been subject to any disciplinary proceedings for professional misconduct: Yes No _____

11. Are you aware of any circumstance which may result in a claim against you, your business, or your employees: Yes No _____

If you answered "yes" to any of the above 3 questions you must provide full details.

SECTION 5: Declaration

It is understood and agreed that the completion of this application and the quote provided shall not be binding either to the proposed insured or to Universal Underwriting Managers/Lloyd's (henceforth called the "insurer") until accepted by both the insurer and insured. The information contained herein shall be the basis of the contract of insurance should a policy be issued.

I declare that the statements made in the this application are complete and true to the best of my knowledge. I understand that the application form will form part of the insurance policy provided through the insurer. I acknowledge that if, at the time of a claim, it is discovered that any question in the application was not answered truthfully, accurately, completely, and to the best of my knowledge it may result in the non-payment of any claim and/or my coverage may be made null and void at the discretion of the insurer.

Your privacy is protected: For a copy of the privacy policy in place please contact your broker.

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE

DATE

BROKER NAME

BROKER SIGNATURE

AGENCY

BROKER PHONE #

BROKER FAX #

BROKER EMAIL