



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
Document Explanation why it's not included
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.

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**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.

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APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE

DATE

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BROKER NAME

BROKER SIGNATURE

AGENCY

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BROKER PHONE #

BROKER FAX #

BROKER EMAIL