



HOCKEY SCHOOL INSURANCE APPLICATION

1. Official Name of Hockey School: _____

2. Office/Mailing Address: _____
3. Contact Name: _____
4. Phone Number: _____ Fax Number: _____
Applicant is a: Non-profit Association Team/League
 Proprietorship Corporation Partnership
5. Location and dates of Hockey School: _____

6. What is the length of your hockey school: _____
7. Does your school teach or have drills with any **body checking or boarding** activities?
If so, Please explain: _____

8. Total Number of Participants: _____
Total Number of participants 9 and under: _____
Total Number of participants 10 to 18 : _____
Total Number of participants 19 and over: _____
Ratio of Coaches to participants: _____
9. List or attach Certificates of Training/Experience of Instructors:

10. List Names of Instructors and their respective Ages:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

11. Describe any social events or dry land training that take place during your school:

12. Attach a copy of your school application, waivers, releases and any school pamphlets:

	Yes	No
Application:		
Waivers & Releases:		
School Pamphlets:		

13. Years of experience operating Hockey School: _____

14. Any American or Foreign Students Registered/Participating? Yes No

15. Is there any Jr. A or B Level participants? Yes No

16. Do you have any potential for travel to the United States?: _____

17. **INSURANCE HISTORY:**

Coverage and Loss History:

Indicate limits carried, corresponding premiums paid and total losses for the past three (3) years (attach insurance company loss history if available).

Coverage:	Limit	Premium	Losses
General Liability	\$ _____	\$ _____	\$ _____
Sport Accident Liability	\$ _____	\$ _____	\$ _____

Losses: List and explain any losses that have been paid by your insurance policies:

Name of Current Insurance Carrier & Policy Number: _____

Has any Insurance Company ever cancelled or refunded your organization coverage?

Yes No

If "YES", please explain: _____

18. Insurance requirements for your organization (Please check and indicate limits required):

Desired Coverages:	Limit:
General Liability including Participants Coverage	\$2,000,000.00 \$5,000,000.00
Sports Accident Coverage	Basic Plan

19. Desired Effective Date for Coverage to Start: _____

20. Any additional information or remarks that you believe may help us in evaluating your application will be appreciated. Please use the space provided or attach separate page:

IMPORTANT NOTICE:

PLEASE READ CAREFULLY:

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES UNDERWRITING THIS APPLICATION.

Signature of Applicant Position Date

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:		City:	
E-Mail:		Province:	
Phone:		Postal Code:	
Fax:			