



SPORT ORGANIZATION INSURANCE APPLICATION

General Information (Please Print Or Type)

- 1. Official Name of Organization:
Head Office Mailing Address:
Telephone Number
Contact Name:
Applying as: Individual Partnership Corporation Joint Venture Other
2. Affiliations: National International
3. Following please list those entities which you are CONTRACTUALLY OBLIGED to list as an Additional Insured.

*If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, with respect to your activity or operation.

Underwriting Information

- 4. Number of Participant Members
Provide participant per age category of your sport.
Participants Ages TO
Participants Ages TO
Is there any U.S. or foreign participants? Yes No
Number of Clubs/Teams
Number of Coaches that are paid Number of volunteer coaches
Number of Officials/Umpires
5. How many sanctioned events will be held during the policy term
6. Describe the sports activity to be insured
7. Describe auxiliary activity to be covered
8. Event to be insured:
(a) Games or competitions run by member clubs including related training at club premises
YES NO
(b) Cover for selected teams or individuals competing in events run by others, including officially supervised training, i.e., tournaments or other association.
(c) Your vicarious liability for events run by members and for which they are responsible. If coverage is required, please advise what insurance is arranged.
(d) Social events YES NO Fund raisers YES NO
Describe
(e) Does your sport have training activities in off season or during your season, not directly connected with your sport (Describe)

9. Are all practices, contests, and auxiliary events sanctioned and supervised by the association YES NO
If no, explain: _____
10. Explain sanctioning procedures: (Attach copies of sanction requirements and applications)
11. Describe medical, security, and evacuation procedures for championships, tournaments, etc.:

12. Is first aid available for practices and local contests: YES NO
Describe: _____
Describe safety precautions taken for the safety of spectators: _____
13. What precautions are taken to prevent unauthorized persons from entering restricted areas

14. Is there a safety/injury control program in place YES NO
Describe or attach a copy _____
15. Are participants ever transported to or from practices or competitions by organization members? YES NO
If yes, please describe: _____
16. Are waiver/release, or consent form signed by participants YES NO
17. Outline type of facility where your sport is played _____
18. Do you rent /own any facilities, describe _____
19. Provide a copy of your membership application, waivers and releases.
20. Do you have any potential to travel to the United States?: _____
21.

<u>Desired Coverages</u>	<u>Limits</u>
General Liability	_____
Sports Accident	_____
Sports Travel (Excess hospital Medical)	_____
Property	_____
Other	_____
22. Desired effective date _____
23. Indicate any other coverages and limits that will be carried in conjunction with the coverage you desire _____
24. Is insurance coverage to be extended on a blanket basis YES NO
Are all coaches/trainers certified? YES NO
Please explain certification process _____
- Past Insurance Experience**
25. Do you presently carry insurance? YES NO
If yes, with which Insurance Carrier? _____
Has any Insurance Carrier cancelled or refused coverage? _____
If yes, explain: _____

Coverage and Loss History

Indicate limits carried, corresponding premiums paid and total losses for the past 3 years (Attach company loss history - verification if required)

Coverage	Limit Carried	Premium	Total Losses
General Liability	_____	_____	_____
Participant Liability	_____	_____	_____
Excess Medical	_____	_____	_____
Accidental Death & Dismemberment	_____	_____	_____
Other _____	_____	_____	_____

26. To assist us to become more knowledgeable about your association, we require the following information:
ENCLOSED

- (A) Copy of your letter patent
- (B) Copy of your constitution
- (C) Copy of your policies and procedures
- (D) Current directory
- (E) Information booklet on your sport
- (F) Structure of your organization
- (G) Copy of your waiver

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.

Applicant _____

Date _____

BROKER CONTACT INFORMATION

Agent Name:	_____	Address:	_____
Broker Name:	_____	City:	_____
E-Mail:	_____	Province:	_____
Phone:	_____	Postal Code:	_____
Fax:	_____		