

11. Describe the sport activities to be insured: _____

12. Describe all other activities for which insurance is required:

Social events such as awards banquets

Other social events – specify (by type):

Fund raising activities – describe and estimate approximate number: _____

Concession stands (coverage applies only to concession stand operations that take place in conjunction with sanctioned activities).

Other – specify: _____

13. Are all games, practices and competitions sanctioned by the applicant? Yes No

If “no”, explain: _____

14. Provide a schedule of events for national / provincial / regional competitions, including the number of members at each competition.

15. Are all coaches / instructors / officials certified? Yes No

If “no”, explain: _____

16. Are coaches / instructors present at all activities? Yes No

If “no”, explain: _____

17. Do you receive & document police checks on all employees, coaches & volunteers? Yes No

If “no”, explain: _____

18. Appropriate operational procedures are required to eliminate abuse potential. Do you have a formal written policy including physical , sexual & mental abuse for your employees, coaches & volunteers? Yes No

19. Do you have written procedures for handling suggestions or complaints regarding any form of abuse? Yes No

20. Are your employees, coaches & volunteers made aware of the procedures/incident reporting for sexual abuse/harassment? Yes No

21. Describe medical / first aid / safety / security procedures:

22. Describe all facilities you own or manage for which insurance is requested:

23. Provide copy of your membership application, any brochures, waivers or awareness of risk forms.

24. Outline or attach your association event sanctioning procedures:

This is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or a written binder specifically authorized by the Company. Quotations will be based on information provided and applicant warrants information provided.

For renewals sign here:

Dated: _____ Applicant's Signature: _____

For new submissions, continue on page 4

Please complete for new submissions:

B. Sport Liability

1. Limit required: \$ _____ Including participant coverage: Yes No

2. Effective date: _____

3. Do you presently carry insurance? Yes No

If "yes", which insurance carrier? _____ Current premium: _____

4. Has any insurance carrier cancelled or refused coverage? Yes No

If "yes", explain: _____

5 Liability loss information for the past three years

Policy year: Yr _____ Yr _____ Yr _____

Insurer: _____

Total premium: \$ _____ \$ _____ \$ _____

Total liability claims paid: \$ _____ \$ _____ \$ _____

Total outstanding claims incurred: \$ _____ \$ _____ \$ _____

Provide details on all claims:

C. Sport Accident

1. Effective date: _____

2. Do you presently carry insurance? Yes No

If "yes", which insurance carrier? _____ Current premium: _____

3. Has any insurance carrier cancelled or refused coverage? Yes No

If "yes", explain: _____

4 Accident loss information for the past three years (attach claim records, if possible)

Policy year: Yr _____ Yr _____ Yr _____

Insurer: _____

Total premium: \$ _____ \$ _____ \$ _____

Total claims: \$ _____ \$ _____ \$ _____

This is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or a written binder specifically authorized by the Company. Quotations will be based on information provided and applicant warrants information provided.

Dated: _____ Applicant's Signature: _____