



Facility Owner Application

PART 1:

Name of Facility: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____

Title: _____

Tel: _____ Cell: _____

Fax: _____ E-mail: _____

Limit Requested: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

PART 2:

Provide a list of facilities / fields you own or operate.

NAME	TYPE – building, field, etc.	ADDRESS

PART 3:

Activities

SPECIAL EVENT (meetings, weddings, etc.)	NUMBER OF PARTICIPANTS

Please give a brief description of the various sports groups (baseball, hockey, soccer, etc.) who use your facility.

SPORT	NUMBER OF PARTICIPANTS

PART 4:

Please complete the following information or provide a copy of your current insurance documents

During the last five (5) years, have you ever had a claim or an incident that could lead to a claim? Yes No

If yes, please provide details

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

Authorized Signature: _____

Please Print Name: _____

Position or Title: _____ Date: [Click here to enter date.](#)