

SPORT INSURANCE APPLICATION

(If insufficient space, attach appendices using same numbers as questions)

New Renew Effective / Renewal Date: _____

PART 1: GENERAL INFORMATION

Name of Insured or Applicant (Full Legal Name): _____

Mailing Address: _____

City/Province: _____ Postal Code: _____

Contact Person: _____

Telephone: _____ Email: _____

Facsimile: _____ Web site: _____

In operation since: _____ Annual operating budget/revenue: _____

PART 2: UNDERWRITING INFORMATION

Indicate percentage of funds received from: _____ Dues from members: _____ %

Government: _____ % Fees for service: _____ % Donations: _____ %

Other - specify: _____ %

Name of accountant/auditor: _____ How often is audit done? _____

Has the organization filed a federal income tax return for any of the last five years? Yes No

If "yes", have the returns been accepted as filed? Yes No

If "no", explain: _____

When were your by-laws updated last? _____

Applicant is: National Provincial Regional League

Other - specify _____

Non-profit: Yes No

Number of participants: 12 & under: _____ 13 – 18: _____ 19 & over: _____

Number of paid coaches/managers: _____ Volunteer coaches/managers: _____

Number of officials/referees: _____ Board members: _____

Total number of members in association (including participants, coaches, etc.): _____

Estimated number of volunteers: _____



Describe the sport activities to be insured: _____

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:

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

If “no”, explain: _____

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

Are all coaches / instructors / officials certified? Yes No

If “no”, explain: _____

Are coaches / instructors present at all activities? Yes No

If “no”, explain: _____

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

If “no”, explain: _____

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

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

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

Describe medical / first aid / safety / security procedures:

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

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

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:

Authorized Signature: _____

Please Print Name: _____

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

For new submissions, continue on page 4



PART 3: COVERAGE REQUIREMENTS (Please complete for new submissions)

Do you presently carry insurance? Yes No

If "yes", which insurance carrier? _____

Has any insurance carrier cancelled or refused coverage? Yes No

If "yes", provide details: _____

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied: _____

Current premium: Sport Liability: \$ _____ Sport Accident: \$ _____

SPORT LIABILITY COVERAGES

COMMERCIAL GENERAL LIABILITY (EACH OCCURRENCE) LIMIT: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000		
INCLUDING PARTICIPANT COVERAGE	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OPTIONAL COVERAGES:		
LEGAL DEFENSE EXPENSES – EACH OCCURRENCE / ANNUAL AGGREGATE	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EXCESS TRAVEL MEDICAL INSURANCE	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SPORT ACCIDENT COVERAGES Yes No

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

Authorized Signature: _____

Please Print Name: _____

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