



#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

Dragonboat Associations/Clubs

GENERAL INFORMATION (Please Print or Type)

1. Name of Applicant/Named Insureds: _____
2. Mailing Address: _____ Postal Code: _____
3. Official Name of Organization: _____
4. Organization's Mailing Address: _____

City _____ Province _____ Postal Code _____
5. Telephone Number () _____
6. Name/Address of Contact for Insurance: _____
7. Date of Main Event _____
8. Location of Event _____
9. Please provide the following information about Daily Activities and Estimated Attendants.

	Main Activity	Estimated Attendance	Other Activities	Total Attendance
Day 1				
Day 2				
Day 3				

10. Who is providing food and/or drink or other (Name) _____

11. If Products Coverage is desired for food served or for concession stands, please indicate kind of food served, by whom and type of concession, _____

12. Liquor License Board Permit No. and Capacity applied for (# of patrons): _____
13. Name and Address of Permit Holder (Insured): _____

14. Type of functions _____
15. From - Date: _____ Time: _____ A.M. P.M.
 To - Date: _____ Time: _____ A.M. P.M.
16. Number of people at function _____
17. Location of function _____

18. Limit of host liquor liability _____
19. Who is designated to handle the following:
 (A) Impaired patrons who arrive at your function _____
 (B) Patrons who have become visibly impaired at your function _____
 (C) Patrons who fight _____
 (D) Patrons who become disruptive and abusive _____
 (E) Patrons who are obviously impaired when they leave your function _____
20. If a third party is responsible for serving liquor, confirm there is a legal liability policy in force and a certificate issued with the you named as additional insured. _____

21. What is your experience producing this type of event. _____
22. Will any grandstands or bleachers be used? Yes No
 If yes, confirm the construction. _____

23. Capacity _____ General Condition _____
24. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation. _____

25. Affiliations: (a) Nationally _____
 (b) Internationally _____
26. Following please list those entities which you are CONTRACTUALLY OBLIGED to list as an Additional Insured.

27. 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, as respect to your activity or operation.

28. Do you have practices Yes No

Approximate Practice Schedule _____
(attached if preferred)

Number of Teams at Race _____

Participants and their Ages _____

Participants Ages 16 TO 50 _____

Participants Ages 50 + _____

Participants Ages Under 16 _____

Number of Volunteer _____

Number of International Teams _____

Ages of International Teams _____

29. A) Do you own a Dragon Boat? Yes No Powerboat? Yes No

Operated by _____

Description _____ Value _____

B) Are other boats Used?

Property owned? i.e. life Jackets, Paddles

Description _____ Value _____

30. Describe auxiliary activities to be covered i.e. Children's Area's- any Mechanical Rides or Bouncing rides _____

32. Liability for events run by members and for which they are responsible. If coverage is required, please advise what insurance is arranged.

(A) Social events YES NO

Describe _____

(B) Describe fund raising events or activities _____

(C) Does your sport have training activities in off season or during your season, not directly connected with your sport
(Describe) _____

33. Are all practices, contests, and auxiliary events sanctioned and supervised by the association YES NO

If no, explain: _____

34. Explain sanctioning procedures: (Attach copies of sanction requirements and applications)
35. Describe medical, security, and evacuation procedures. _____

36. Is first aid available for practices and local contests: YES NO
 Describe: _____
 Describe safety precautions taken for the safety of spectators: _____

37. What precautions are taken to prevent unauthorized persons from entering restricted areas _____

38. Is there a safety/injury control program in place YES NO
 Describe or attach a copy _____
39. Are participants ever transported to or from practices or competitions by organization members
 YES NO If yes, please describe: _____
40. Are waiver/release, or consent form signed by participants YES NO
41. Please describe procedure and attach copy of form(s): _____
42. Do you rent any facilities, describe _____
43. Does your association own facilities, describe _____
44. Provide a copy of your membership application, waivers and releases.
45. Limit of Liability Desired _____ (Minimum \$2,000,000)
46. Desired effective date _____
47. Indicate any other coverages and limits that will be carried in conjunction with the coverage you desire from SPORTS-CAN INSURANCE CONSULTANTS LTD. ie vendors and other service providers.

48. Are all coaches/trainers certified? Yes No
 Please explain certification process _____

49. Past Insurance claims
50. Do you presently carry insurance? Yes No
 If yes, with which Insurance Carrier? _____
- ** Enclose copy of current or most recent policy or certificate of insurance **
51. Has any Insurance Carrier cancelled or refused coverage? _____
 If yes, explain: _____

52. 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	Losses
General Liability	_____	_____	_____
Participant Legal Liability	_____	_____	_____
Excess Medical	_____	_____	_____
Accidental Death & Dismemberment	_____	_____	_____
Other	_____	_____	_____

53. To assist us to become more knowledgeable about your association, please provide the following information:

If Available;

- Current directory _____
- Information booklet on your event _____
- Structure of your organization _____
- Copy of all your insurance policies _____
- Latest financial statement _____

54. Additional Information: _____

55. General Comments _____

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

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 _____