



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

RECREATIONAL SOFTBALL AND BASEBALL INSURANCE APPLICATION

GENERAL INFORMATION: (Please Print or Type)

1. Official Name of the Organization: _____
2. Main Mailing Address: _____ Postal Code: _____
3. Telephone Number: _____ Fax Number: _____
4. Name of Contact For Insurance Program: _____
5. Address of Contact for Insurance Program: _____
6. Years the Organization has been operating: (give date) _____
7. Application for this Insurance is:
 Team League Association
 Owner/Operator Corporation Other: _____
8. Affiliations:
a) Provincial: _____
b) National: _____
9. UNDERWRITING INFORMATION

BASEBALL
Number of Teams Under 18: _____
Number of Teams Over 18: _____

SOFTBALL
Number of Teams Under 18: _____
Number of Teams Over 18: _____
10. How many games and practices will be held by each team during the policy period: _____

11. Are all practices, contest, exhibition games, and other events sanctioned and supervised by the organization? Yes No

If no, please explain:

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

13. Is there any U.S. or foreign participants? Yes No

14. PAST INSURANCE HISTORY:

A. Coverage and Loss History:

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

Coverage:	Limit	Premium	Total Losses
Participant Liability	_____	_____	_____
Accident Policy	_____	_____	_____

B. Name of Current or past Insurance Carrier. _____

C. Has Insurance Carrier ever canceled or refused your organization coverage?

Yes No

If yes, please explain:

15. To assist us to become more knowledgeable about your organization we require the following information:

	Material Yes	Enclosed No
Copy of your patent (if incorporated)	_____	_____
Copy of your registration form	_____	_____
Copy of any waiver/release forms you may use	_____	_____
Copy of rules of the Game	_____	_____

If no, to any of the above questions please explain:

16. Any additional information or remarks that may assist us in evaluating your application please provide.

17. 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 companies underwriting this application.

18. Desired effective date: _____ Expiry date: _____

Signature of Applicant

Position

Date