



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

SPORT ORGANIZATION INSURANCE APPLICATION

General Information (Please Print Or Type)

- 1. Official Name of Organization: _____
 Head Office Mailing Address: _____
 Postal Code: _____
 Telephone Number _____
 Contact Name: _____

Applying as: _____ Individual _____ Partnership _____ Corporation _____ Joint Venture _____ Other

- 2. Affiliations: (a) Nationally _____ International _____
- 3. Following please list those entities which you are CONTRACTUALLY OBLIGED to list as an Additional Insured.

*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, with respect to your activity or operation.

Underwriting Information

- 4. Number of Participant Members _____
 Provide participant per age category of your sport.
 Participants Ages _____ TO _____
 Participants Ages _____ TO _____
 Is there any U.S. or foreign participants? __Yes __ No
 Number of Clubs/Teams _____
 Number of Coaches that are paid _____ Number of volunteer coaches _____
 Number of Officials/Umpires _____
- 5. Describe the sports activity to be insured _____
- 6. Describe auxiliary activity to be covered _____
- 7. Any of the following events to be insured:
 Social events _____ YES _____ NO Fund raisers _____ YES _____ NO
 Describe _____

8. Are there any activities involving trampolines and/ or inflatable jumping pillows:
 ___ Yes ___ NO if yes please explain: _____
9. Explain sanctioning procedures: (Attach copies of sanction requirements and applications)
10. Describe medical, security, and evacuation procedures for championships, tournaments, etc.:

11. Is first aid available for practices and local contests: _____ YES _____ NO
 Describe: _____
 Describe safety precautions taken for the safety of spectators: _____
12. Is there a safety/injury control program in place _____ YES _____ NO
 Describe or attach a copy _____
13. Are waiver/release, or consent form signed by participants _____ YES _____ NO (Please attached a copy)
14. Outline type of facility where your sport is played _____
15. Do you rent /own any facilities, describe _____
 Location where sports activities take place: _____
 Do you have any potential to travel to the United States? _____
17. Desired Coverages Limits
- | | | |
|-----|---|-------|
| ___ | General Liability | _____ |
| ___ | Sports Accident | _____ |
| ___ | Directors & Officers (Required: Financials, Bylaws & List of Directors) | _____ |
| ___ | Sports Travel (Excess hospital Medical) | _____ |
| ___ | Property | _____ |
| ___ | Other | _____ |
18. Desired effective date _____
Past Insurance Experience
19. Do you presently carry insurance? _____ YES _____ NO
 If yes, with which Insurance Carrier? _____
 Has any Insurance Carrier cancelled or refused coverage? _____
 If yes, explain: _____
- 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 Liability	_____	_____	_____
Excess Medical	_____	_____	_____
Accidental Death & Dismemberment	_____	_____	_____
Other _____	_____	_____	_____

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 _____