SPECIAL RISK
INSURANCE MANAGERS

Please send completed application to submissions@srim.ca
Toll Free 800 993 6388 | Fax 604 888 1008 | WWW.SRIM.CA

# DRAGONBOAT ASSOCIATIONS/CLUBS APPLICATION

**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: _____
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 | | | | |
| Day 4 | | | | |

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 _____ ☐ AM ☐ PM

    To - Date: _____ Time _____ ☐ AM ☐ PM

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 DragonBoat? ☐ Yes ☐ No

Powerboat? ☐ Yes ☐ No Operated by _____

Description _____

Value _____

b) Are other boats used? ☐ Yes ☐ No

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

31. Liability for events run by members and for which they are responsible. If coverage is required, please

A) Social events ☐ Yes ☐ No If yes, 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)

32. Are all practices, contests, and auxiliary events sanctioned and supervised by the association ☐ Yes ☐ No If No, explain

33. Explain sanctioning procedures: (Attach copies of sanction requirements and applications)

34. Describe medical, security, and evacuation procedures.

35. Is first aid available for practices and local contests: ☐ Yes ☐ No Describe

Describe safety precautions taken for the safety of spectators:

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

37. Is there a safety/injury control program in place ☐ Yes ☐ No Describe or attach a copy

38. Are participants ever transported to or from practices or competitions by organization members ☐ Yes ☐ No If yes, describe

39. Are waiver/release, or consent form signed by participants ☐ Yes ☐ No

40. Please describe procedure and attach copy of form(s):

41. Do you rent any facilities, describe

42. Does your association own facilities, describe

43. Provide a copy of your membership application, waivers and releases.

44. Limit of Liability Desired: _____ ( Minimum $2,000,000)

45. Desired effective date: _____

46. Indicate any other coverages and limits that will be carried in conjunction with the coverage you desire from Special Risk Insurance Managers Ltd. (i.e vendors and other service providers.)

47. Are all coaches/trainers certified? ☐ Yes ☐ No Please explain certification process

48. Past Insurance claims

49. 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 **

50. Has any Insurance Carrier cancelled or refused coverage? ☐ Yes ☐ No If yes, explain

51. 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 | | | |

52. 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 _____

53. Additional Information

54. General Comments

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

56. Target Premium (if known): _____

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.

Signature of Applicant

Date