

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: _____
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?

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