SPECIAL RISK
INSURANCE MANAGERS

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

HOCKEY SCHOOL APPLICATION

Brokerage: _____ Contact Person: _____ Email: _____

Name of Insured: _____ o/a _____

Mailing Address: _____ City/Prov: _____ Postal Code: _____

Location Address (if different from mailing): _____

Telephone: _____ Website: _____

Previous insurance company: _____ Is renewal being offered: _____

Has the named insured ever been refused or cancelled coverage? _____

5 year loss history:

UNDERWRITING INFORMATION

Estimated Total Annual Gross Receipts $ _____ **Annual Retail Receipts: $** _____

Years the organization has been operating (give date): _____

Applicant for this Insurance is: ☐ Team/League ☐ Partnership ☐ Non-profit Association

☐ Proprietorship ☐ Corporation ☐ Other: _____

Location and dates of Hockey School:

Affiliations:

a) National _____

b) International _____

Desired Effective Date: _____ Expiry Date: _____

Are waivers/release, or consent forms signed by participants? ☐ Yes ☐ No

Do you rent/own any facilities on an annual basis as the sole occupant? ☐ Yes ☐ No

Does your school teach or have drills with any **body checking or boarding** activities? If so, Please explain:

Total number of participants: _____

Total number of participants 9 and under: _____

Total number of participants 10 to 18: _____

Total number of participants 19 and over: _____

Total number of officials, umpires and coaches: _____

Ratio of coaches to participants: _____

List or attach Certificates of Training/Experience of Instructors:

List Names of Instructors and their respective Ages:

NAME	AGE

Do any youth (18 yrs or younger) play against any adults (19yrs or older)? ☐ Yes ☐ No

Are there any U.S. or foreign participants? ☐ Yes ☐ No

Are there any Jr. A or B Level participants? ☐ Yes ☐ No

Are any of the following to be insured: Social Events: ☐ Yes ☐ No Fund Raisers: ☐ Yes ☐ No

Do you follow association/facility approved rules, regulations and safeguards? ☐ Yes ☐ No

Are there any activities involving trampolines and/or inflatable jumping pillows? ☐ Yes ☐ No

Do you have any potential to travel to the United States? ☐ Yes ☐ No

Do you serve alcohol or allow participants to bring alcohol on the premises and/or event? ☐ Yes ☐ No

Do any trainers work one on one with professional and/or semi-professional athletes? ☐ Yes ☐ No

Attach a copy of your school application, waivers, releases and any school pamphlets:

Application: ☐ Yes ☐ No

Waivers & Releases: ☐ Yes ☐ No

School Pamphlets: ☐ Yes ☐ No

Insurance requirements for your organization (Please check and indicate limits required):

Desired Coverages:	**Limit**
General Liability including Participants Coverage	☐ $2,000,000.00
	☐ $5,000,000.00
Sports Accident Coverage	☐ Basic Plan or ☐ None

Target Premium (if known): _____

Any additional information or remarks that you believe may help us in evaluating your application will be appreciated. Please use the space provided or attach separate page:

IMPORTANT NOTICE, PLEASE READ CAREFULLY:

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	Position	Date