

## APPLICATION FOR INSURANCE-DRAMA/ MUSIC/ NON SPORTS CAMPS

Cannot bind without being completed and signed by applicant

PART 1:	GENERAL	INFORMA	TION
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1.	Applicant's Legal Nam	e:					
						de:	
	d. Location name/ac	ldress:					
2.	Contact Person: Telephone:						
3.	Operating Since:						
4.	Applicant is a:	lon-profit Association	Team/League	Proprietorship	Corporation	Partnership	
5.	Affiliations: Provincial -			National -			
6.	. Applying for: \$2,000,000.00 Commercial General Liability with NO Accident coverage \$2,000,000.00 Commercial General Liability with Accident Other:						
7.	Desired effective date:			Expiry date:			
<b>PA</b> 8.	RT 2: UNDERWRITIN	IG INFORMATION					
9.	Number of students:	13 years of age and und	er				
		14 - 18 years of age					
		19 - 34 years of age					
		34-65 years of age					
		66 years of age and olde	er				
10.	D. Number of Instructors: Number of volunteers:			Number of Directo	ors:		
11.	Number of scheduled	sessions:					
12.		Are all activities sanctioned by the applicant? Yes No  If "No"; explain:					
13.	Describe other activities:						

14.	<ol> <li>Are there any activities involving trampolines and/or inflatable jumping pillows: Yes No</li> <li>If so, please explain:</li></ol>					
15.		etc.):				
	6. Describe on-site first-aid facilities:					
17.	Are instructors required to maintain first-aid certification?  If "Yes"; what level must be maintained:  Survival  In	Yes No ndustrial St. John's CPR Other				
18.	Qualification of instructors:					
19.	Distance to nearest medical center:	city blocks or minutes				
20.	To complete the application, attach copies of the applicant's:  Student Registration Form Medical Questionnaire	Waiver of Liability Instruction Schedules				
PA	RT 3: INSURANCE AND LOSS HISTORY					
21.	Is this the applicant's initial application for insurance:  Yes  If "No"; identify applicant's current insurance carrier:					
22.	. Has any insurance company refused or cancelled coverage for the applicant? Yes No  If "Yes"; explain:					
23.		Accident:				
	Other; identify:					
24.		ears. No losses to report licant or insurer Amount Paid				
25.	Estimated annual gross receipts of the Applicant:					
26.	6. Additional information or remarks that will assist in the evaluation of this application:					
IMI	PORTANT NOTICE: Please Read Carefully					
1.	It is understood and agreed that coverage <b>WILL NOT</b> apply to bodily injury to a participant unless the applicant implement sufficient procedures to secure from each participant, and deliver to us simultaneously with notice of a participant claim, a valid release and waiver of liability and indemnity agreement form as attached and made part of the policy, dated and signed by the participant prior to the time of the occurrence in which the participant was injured.					
2.	It is understood and agreed that the completion of this application <b>SHALL NOT</b> be binding either upon the Applicant nor the Compan until accepted by the underwriting company or companies.					
App	plicant's Signature	Position				
— Prir	nt Name	Date				
FOF	R OFFICE USE ONLY					