

APPLICATION FOR INSURANCE- DRAMA/ MUSIC/ NON SPORTS CAMPS

Cannot bind without being completed and signed by applicant

PART 1: GENERAL INFORMATION

1. Applicant's Legal Name: _____
 - a. Mailing Address: _____
 - b. City, Prov.: _____ Postal Code: _____
 - c. Telephone: _____ Facsimile: _____
 - d. Location name/address: _____
2. Contact Person: _____ Telephone: _____
3. Operating Since: _____
4. Applicant is a: Non-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: _____

PART 2: UNDERWRITING INFORMATION

8. Identify activity: _____
9. Number of students: 13 years of age and under _____
 14 – 18 years of age _____
 19 – 34 years of age _____
 34 – 65 years of age _____
 66 years of age and older _____
10. Number of Instructors: _____ Number of volunteers: _____ Number of Directors: _____
11. Number of scheduled sessions: _____
12. Are all activities sanctioned by the applicant? Yes No
If "No"; explain: _____
13. Describe other activities: _____

