SPECIAL RISK
INSURANCE MANAGERS

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

RECREATIONAL SOFTBALL AND BASEBALL APPLICATION

GENERAL INFORMATION: (Please Print or Type)

1. Official Name of Organization: _____
2. Main Mailing Address: _____ Postal Code: _____
3. Telephone: _____ Fax: _____
4. Name of Contact for Insurance Program: _____
5. Address of Contact for Insurance Program: _____
6. Years the organization has been operating (give date): _____
7. Applicant for this Insurance is: ☐ Team ☐ League ☐ Association
   ☐ Owner/Operator ☐ Corporation ☐ Other: _____
8. Affiliations:
   a) Provincial: _____
   b) National: _____
9. UNDERWRITING INFORMATION

   BASEBALL:
   Number of players Under 18: _____
   Number of players Over 18: _____

   SOFTBALL:
   Number of players Under 18: _____
   Number of players Over 18: _____

   Estimated Total Annual Receipts: _____
10. Are all practices, contests, exhibition games, and other events sanctioned and supervised by the organization ☐ Yes ☐ No
    If no, please explain:

11. Do you have any potential for travel to the United States? _____
12. Is there any U.S. or foreign participants? ☐ Yes ☐ No

13. Confirmation that all participants sign waivers _____

14. PAST INSURANCE HISTORY:

A) 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	PREMIUM	TOTAL LOSSES
Participant Liability	_____	_____	_____
Accident Policy	_____	_____	_____

B).Name of Current or past Insurance Carrier? _____

Has any Insurance Carrier ever canceled or refused your organization coverage? ☐ Yes ☐ No If Yes, please explain:

15. Any additional information or remarks that may assist us in evaluating your application please provide.

16. 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 companies underwriting this application

Desired Effective Date: _____ Expiry Date: _____

_____ _____ _____

Signature of Applicant Position Date