



Application for Insurance

Sports Camps

CANNOT BIND WITHOUT BEING COMPLETED AND SIGNED BY APPLICANT

#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

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 sports activity: _____
9. Number of students: 13 years of age and under (Male) _____ (Female) _____ Total _____

14 – 18 years of age	(Male) _____	(Female) _____	Total _____
19 – 34 years of age	(Male) _____	(Female) _____	Total _____
34 – 65 years of age	(Male) _____	(Female) _____	Total _____
66 years of age and older	(Male) _____	(Female) _____	Total _____

Total number of students: (Male) _____ (Female) _____ Total _____
10. Any US or Foreign Participants: _____
11. Number of instructors: _____ 9. Number of volunteers: _____ 10. Number of Directors: _____
12. Number of scheduled sessions: _____
13. Are all practices, exhibitions competitions and contests sanctioned by the applicant? Yes No

If "No"; explain: _____

14. Describe other activities: _____

15. Describe mandatory safety equipment worn: _____

16. List on-site equipment for students use (bags, weights, pools, etc.): _____

17. Describe on-site first-aid facilities: _____

18. Are instructors required to maintain first-aid certification? Yes No

If "Yes"; what level must be maintained: Survival Industrial St. John's CPR Other: _____

20. Qualification of instructors: _____

21. Distance to nearest medical center: _____ city blocks or _____ minutes

22. To complete the application attach copies of the applicant's:

Student Registration Form Medical Questionnaire Waiver of Liability Instruction Schedules

23. Do you have any potential for travel to the United States?: _____

PART 3: INSURANCE AND LOSS HISTORY

24. Is this the applicant's initial application for insurance: Yes No

If "No"; identify applicant's current insurance carrier: _____

25. Has any insurance company refused or cancelled coverage for the applicant? Yes No

If "Yes"; explain: _____

26. Current limits for: Commercial General Liability: _____ Accident: _____

Other; identify: _____ Limit: _____

27. Provide detail of applicant's loss history for the past three (3) years. No losses to report

Type of claim (Liability/Accident)	Paid by applicant or insurer	Amount Paid
_____	_____	_____
_____	_____	_____

28. Estimated annual gross receipts of the Applicant: _____

29. Additional information or remarks that will assist in the evaluation of this application: _____

IMPORTANT NOTICE: PLEASE READ CAREFULLY

1. It is understood and agreed that coverage **WILL NOT** 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 **SHALL NOT** be binding either upon the Applicant nor the Company until accepted by the underwriting company or companies.

Applicants Signature

Position

Print Name

Date

FOR OFFICE USE ONLY