



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

SPORT ORGANIZATION INSURANCE APPLICATION

General Information (Please Print Or Type)

1. Official Name of Organization: _____
 Head Office Mailing Address: _____
 Telephone Number _____
 Contact Name: _____
 Applying as: ___ Individual ___ Partnership ___ Corporation ___ Joint Venture ___ Other
2. Affiliations: (a) Nationally _____ International _____
3. Following please list those entities which you are CONTRACTUALLY OBLIGED to list as an Additional Insured.

 *If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, with respect to your activity or operation.

Underwriting Information

4. Number of Participant Members _____
 Provide participant per age category of your sport.
 Participants Ages _____ TO _____
 Participants Ages _____ TO _____
 Is there any U.S. or foreign participants? __ Yes __ No
 Number of Clubs/Teams _____
 Number of Coaches that are paid _____ Number of volunteer coaches _____
 Number of Officials/Umpires _____
5. How many sanctioned events will be held during the policy term _____
6. Describe the sports activity to be insured _____
7. Describe auxiliary activity to be covered _____
8. Event to be insured:
 - (a) Games or competitions run by member clubs including related training at club premises
 _____ YES _____ NO
 - (b) Cover for selected teams or individuals competing in events run by others, including officially supervised training, i.e., tournaments or other association.

 - (d) Your vicarious liability for events run by members and for which they are responsible. If coverage is required, please advise what insurance is arranged.

 - (e) Social events _____ YES _____ NO Fund raisers _____ YES _____ NO
 Describe _____

(f) Does your sport have training activities in off season or during your season, not directly connected with your sport (Describe)

9. Are all practices, contests, and auxiliary events sanctioned and supervised by the association

_____ YES _____ NO

If no, explain: _____

10. Explain sanctioning procedures: (Attach copies of sanction requirements and applications)

11. Describe medical, security, and evacuation procedures for championships, tournaments, etc.:

12. Is first aid available for practices and local contests: _____ YES _____ NO

Describe: _____

Describe safety precautions taken for the safety of spectators: _____

13. What precautions are taken to prevent unauthorized persons from entering restricted areas

14. Is there a safety/injury control program in place _____ YES _____ NO

Describe or attach a copy _____

15. Are participants ever transported to or from practices or competitions by organization members? ____ YES ____ NO

If yes, please describe: _____

16. Are waiver/release, or consent form signed by participants _____ YES _____ NO

17. Outline type of facility where your sport is played _____

18. Do you rent /own any facilities, describe _____

Location where sports activities take place: _____

19. Provide a copy of your membership application, waivers and releases.

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

21. **Desired Coverages**

Limits

_____ General Liability _____

_____ Sports Accident _____

_____ Sports Travel (Excess hospital Medical) _____

_____ Property _____

_____ Other _____

22. Desired effective date _____

23. Indicate any other coverages and limits that will be carried in conjunction with the coverage you desire from SPORTS-CAN INSURANCE CONSULTANTS LTD.

24. Is insurance coverage to be extended on a blanket basis _____ YES _____ NO

Are all coaches/trainers certified? _____ YES _____ NO

Please explain certification process _____

Past Insurance Experience

25. Do you presently carry insurance? _____ YES _____ NO

If yes, with which Insurance Carrier? _____

Has any Insurance Carrier cancelled or refused coverage? _____

If yes, explain: _____

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 Carried	Premium	Total Losses
General Liability	_____	_____	_____
Participant Liability	_____	_____	_____
Excess Medical	_____	_____	_____
Accidental Death & Dismemberment	_____	_____	_____
Other _____	_____	_____	_____

26. To assist us to become more knowledgeable about your association, we require the following information:

ENCLOSED

- (A) Copy of your letter patent _____
- (B) Copy of your constitution _____
- (C) Copy of your policies and procedures _____
- (D) Current directory _____
- (E) Information booklet on your sport _____
- (F) Structure of your organization _____
- (G) Copy of your waiver _____

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.

Applicant _____

Date _____