



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

RECREATIONAL SOFTBALL AND BASEBALL  
INSURANCE APPLICATION

GENERAL INFORMATION: (Please Print or Type)

1. Official Name of the Organization: \_\_\_\_\_
2. Main Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
4. Name of Contact For Insurance Program: \_\_\_\_\_
5. Address of Contact for Insurance Program: \_\_\_\_\_
6. Years the Organization has been operating: (give date) \_\_\_\_\_
7. Application for this Insurance is:  
\_\_\_\_\_ Team \_\_\_\_\_ League Association \_\_\_\_\_  
\_\_\_\_\_ Owner/Operator \_\_\_\_\_ Corporation Other: \_\_\_\_\_
8. Affiliations:  
a) Provincial: \_\_\_\_\_  
b) National: \_\_\_\_\_

9. UNDERWRITING INFORMATION

BASEBALL

Number of Teams Under 18: \_\_\_\_\_

Number of Teams Over 18: \_\_\_\_\_

SOFTBALL

Number of Teams Under 18: \_\_\_\_\_

Number of Teams Over 18: \_\_\_\_\_

10. How many games and practices will be held by each team during the policy period. \_\_\_\_\_

11. Are all practices, contest, exhibition games, and other events sanctioned and supervised by the organization. \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Do you have any potential for travel to the United States?: \_\_\_\_\_

13. Is there any U.S. or foreign participants? \_\_Yes \_\_No

14. PAST INSURANCE HISTORY:

A. Coverage and Loss History:

Indicate limits carried, corresponding premiums paid and total losses for the past three(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. \_\_\_\_\_

C. Has Insurance Carrier ever canceled or refused your organization coverage?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

15. To assist us to become more knowledgeable about your organization we require the following information:

	Material Yes	Enclosed No
Copy of your patent (if incorporated)	_____	_____
Copy of your registration form	_____	_____
Copy of any waiver/release forms you may use	_____	_____
Copy of rules of the Game	_____	_____

If no, to any of the above questions please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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17. 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.

18. Desired effective date: \_\_\_\_\_ Expiry date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date