



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

## *Dragonboat Associations/Clubs*

**GENERAL INFORMATION (Please Print or Type)**

1. Name of Applicant/Named Insureds: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Official Name of Organization: \_\_\_\_\_
4. Organization's Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- City Province Postal Code
5. Telephone Number (        ) \_\_\_\_\_
6. Name/Address of Contact for Insurance: \_\_\_\_\_
7. Date of Main Event \_\_\_\_\_
8. Location of Event \_\_\_\_\_

9. Please provide the following information about Daily Activities and Estimated Attendants.

	Main Activity	Estimated Attendance	Other Activities	Total Attendance
Day 1				
Day 2				
Day 3				

10. Who is providing food and/or drink or other ( Name) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. If Products Coverage is desired for food served or for concession stands, please indicate kind of food served, by whom and type of concession, \_\_\_\_\_  
 \_\_\_\_\_
12. Liquor License Board Permit No. and Capacity applied for (# of patrons): \_\_\_\_\_

13. Name and Address of Permit Holder (Insured): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Type of functions \_\_\_\_\_

15. From - Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M.

To - Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M.

16. Number of people at function \_\_\_\_\_

17. Location of function \_\_\_\_\_  
\_\_\_\_\_

18. Limit of host liquor liability \_\_\_\_\_

19. Who is designated to handle the following:

(A) Impaired patrons who arrive at your function \_\_\_\_\_

(B) Patrons who have become visibly impaired at your function \_\_\_\_\_

(C) Patrons who fight \_\_\_\_\_

(D) Patrons who become disruptive and abusive \_\_\_\_\_

(E) Patrons who are obviously impaired when they leave your function \_\_\_\_\_

20. If a third party is responsible for serving liquor, confirm there is a legal liability policy in force and a certificate issued with the you named as additional insured. \_\_\_\_\_  
\_\_\_\_\_

21. What is your experience producing this type of event. \_\_\_\_\_

22. Will any grandstands or bleachers be used? Yes No

If yes, confirm the construction. \_\_\_\_\_  
\_\_\_\_\_

23. Capacity \_\_\_\_\_ General Condition \_\_\_\_\_

24. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Affiliations: (a) Nationally \_\_\_\_\_

(b) Internationally \_\_\_\_\_

26. Following please list those entities which you are CONTRACTUALLY OBLIGED to list as an Additional Insured.

\_\_\_\_\_  
\_\_\_\_\_

27. 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, as respect to your activity or operation.

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28. Do you have practices Yes    No

Approximate Practice Schedule \_\_\_\_\_

(attached if preferred)

Number of Teams at Race \_\_\_\_\_

Participants and their Ages \_\_\_\_\_

Participants      Ages    16   TO   50      \_\_\_\_\_

Participants      Ages    50 +      \_\_\_\_\_

Participants      Ages    Under 16      \_\_\_\_\_

Number of Volunteer      \_\_\_\_\_

Number of International Teams      \_\_\_\_\_

Ages of International Teams      \_\_\_\_\_

29. A) Do you own a Dragon Boat?    Yes    No      Powerboat?    Yes    No

Operated by \_\_\_\_\_

Description \_\_\_\_\_ Value \_\_\_\_\_

B) Are other boats Used?

Property owned? i.e. life Jackets, Paddles

Description \_\_\_\_\_ Value \_\_\_\_\_

30. Describe auxiliary activities to be covered i.e. Children's Area's- any Mechanical Rides or Bouncing rides \_\_\_\_\_

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32. Liability for events run by members and for which they are responsible. If coverage is required, please advise what insurance is arranged.

(A) Social events      YES      NO

Describe \_\_\_\_\_

(B) Describe fund raising events or activities \_\_\_\_\_

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

33. Are all practices, contests, and auxiliary events sanctioned and supervised by the association    YES      NO

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

34. Explain sanctioning procedures: (Attach copies of sanction requirements and applications)
35. Describe medical, security, and evacuation procedures. \_\_\_\_\_  
\_\_\_\_\_
36. Is first aid available for practices and local contests: YES                      NO  
Describe: \_\_\_\_\_  
Describe safety precautions taken for the safety of spectators: \_\_\_\_\_  
\_\_\_\_\_
37. What precautions are taken to prevent unauthorized persons from entering restricted areas \_\_\_\_\_  
\_\_\_\_\_
38. Is there a safety/injury control program in place YES                      NO  
Describe or attach a copy \_\_\_\_\_
39. Are participants ever transported to or from practices or competitions by organization members  
YES                      NO                      If yes, please describe: \_\_\_\_\_
40. Are waiver/release, or consent form signed by participants YES                      NO
41. Please describe procedure and attach copy of form(s): \_\_\_\_\_
42. Do you rent any facilities, describe \_\_\_\_\_
43. Does your association own facilities, describe \_\_\_\_\_
44. Provide a copy of your membership application, waivers and releases.
45. Limit of Liability Desired \_\_\_\_\_ ( Minimum \$2,000,000)
46. Desired effective date \_\_\_\_\_
47. Indicate any other coverages and limits that will be carried in conjunction with the coverage you desire from SPORTS-CAN INSURANCE CONSULTANTS LTD. ie vendors and other service providers.  
\_\_\_\_\_  
\_\_\_\_\_
48. Are all coaches/trainers certified? Yes      No  
Please explain certification process \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
49. Past Insurance claims
50. Do you presently carry insurance? Yes      No  
If yes, with which Insurance Carrier? \_\_\_\_\_
- \*\* Enclose copy of current or most recent policy or certificate of insurance \*\*
51. Has any Insurance Carrier cancelled or refused coverage? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

52. 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	Losses
General Liability	_____	_____	_____
Participant Legal Liability	_____	_____	_____
Excess Medical	_____	_____	_____
Accidental Death & Dismemberment	_____	_____	_____
Other	_____	_____	_____

53. To assist us to become more knowledgeable about your association, please provide the following information:

If Available;

- Current directory \_\_\_\_\_
- Information booklet on your event \_\_\_\_\_
- Structure of your organization \_\_\_\_\_
- Copy of all your insurance policies \_\_\_\_\_
- Latest financial statement \_\_\_\_\_

54. Additional Information: \_\_\_\_\_  
\_\_\_\_\_

55. General Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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 \_\_\_\_\_