



SPORTS ORGANIZATION, ASSOCIATION, OR LEAGUE INSURANCE APPLICATION

General Information:

- 1. Name of Insured:
2. Mailing Address:
3. Risk Address:
4. Contact Name: Title:
5. Type of Sport: Web Site:
6. Applicant is: Individual Corporation Partnership Other:
7. Location(s) are: Owned Rented/Leased If Leased/Rented, include copy of agreement
8. Number of years in operation: with current management:
9. Type of Organization: Team League Athletic Association Provincial Association National Governing Body

Current/Most Recent Coverage Information

Insurance Company: Dates of Coverage:
Was Athletic Participants Coverage Included? Yes No
Any losses in the past five years? Yes No If Yes, Attach Loss Record for the Past Five Years
Has any form of Insurance ever been cancelled/declined? Yes No If "Yes", please provide details:
Requested Effective Date: Expiry Date:

Desired Coverages:

Desired Limit of Liability: Deductible:
Property: Equipment:
Non-Owned Auto: Limit: Average Auto Value: Estimated # of Days Rented:
If Property Coverage is required (other than Inland Marine/Transit) attach the Supplemental Property Application

- Do you require Athletic Participants Coverage? Yes No If Yes, please answer a) b) and c):
a) Will Participants be covered by medical insurance? Yes No Limits:
b) Does the Insured require signed waiver/release forms prior to participation in sport? Yes No
If Yes, Please attach a copy of the Waiver/Release Forms used
c) Does the Insured require Legal Guardians to sign the waiver/release forms of minor players? Yes No

General Operating Information:

1. Are you under the jurisdiction of a governing body? Yes No

If Yes, what organization: _____

Is this a national, regional or local governing body? _____

Is every league within this body required to provide liability insurance? Yes No

What rules and regulations are used? _____

Please attach a copy of the rules and regulations to which your organization adheres

2. Total Membership:

Participants:	<u>Total</u>	<u>Females</u>	<u>Males</u>
Age 9 and under	_____	_____	_____
Age 10 to 12	_____	_____	_____
Age 13 to 15	_____	_____	_____
Age 16 to 18	_____	_____	_____
Age 18 to 45	_____	_____	_____
Age 45 and over	_____	_____	_____

If Participants are under the Age of 18, Please attach supplemental Sexual Abuse Information Application

Total Player Participants: _____ Total Non-Player Participants: _____

Average Number of Participants Per Event: _____

Estimated Number of Spectators for Season: _____

Number of: Teams: _____ Games: _____ Volunteers: _____ Coaches: _____

3. Are coaches certified? Yes No If Yes, by whom? _____

4. Are officials/referees certified? Yes No If Yes, by whom? _____

5. Does your organization impose a code of conduct for the coaches? Yes No **If Yes, please attach a copy**

6. Does your organization have a written policy regarding the hiring of coaches? Yes No **If Yes, please attach**

7. How are the participants transported to events? _____

If Buses are used, does the bus company provide a certificate of insurance? Yes No

8. Is there a written safety program? Yes No **If Yes, please attach a copy**

9. What safety gear does your organization require:

a) Helmets? Yes No c) Hip, Tail, Thigh, Knee Pads? Yes No

If so, are they D.O.T. approved? Yes No d) Mouthguards? Yes No

b) Shoulder Pads? Yes No

Please list all other gear used: _____

10. Are spikes or cleats permitted? Yes No

Facilities

1. Describe the type of facility where the sport is played: _____
 Privately Owned (rented by organization) Organization Owned Municipality Owned
If Rented, Please attach a copy of the Lease Agreement
2. How many fields/facilities are used: _____
3. Are fields/facilities inspected prior to play? Yes No If Yes, by whom? _____
4. Does the field/facility contain bleachers? Yes No If Yes, are they: Permanent Portable
If Permanent, When were they installed? _____ What is their construction? _____
How often are they inspected? _____ By whom? _____
5. Describe any safety precautions for spectator protection: _____

6. Describe any precautions to prevent unauthorized persons from entering restricted areas or interfering with play:

7. Describe security/evacuation procedures for games, championships, tournaments etc.: _____

8. Is alcohol sold at the facility? Yes No **If Yes, please attach the Liquor Liability Application**
9. Does the organization require emergency medical personnel on site at major events? Yes No
10. Does the organization require persons certified in First Aid and CPR onsite or immediately available at all times?
 Yes No
11. How far is the nearest medical facility? _____

Ancillary Activities

1. Are there any training activities that are not directly connected with your sport? Yes No
If Yes, please explain: _____
2. Do you sponsor camps or have any traveling teams? Yes No If Yes, explain: _____

3. Number of trips to the U.S. during policy term: _____ To other locations: _____
4. Any overnight travel? Yes No If Yes, how often? _____
Who arranges overnight travel? _____
5. Describe any other ancillary activities, including social/special events (other than fundraising): _____

Fundraising

1. Describe fundraising activities: _____

2. Annual receipts from fundraising: _____
3. Do you operate concessions? Yes No If Yes, what is sold? _____

If Yes, what are the annual receipts (excluding liquor)? _____

Please list the organizations that require a Certificate of Insurance from you (As they are to appear on the policy)

NAME	ADDRESS	RELATIONSHIP TO YOU*
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Please attach the following information to this application:

- a. Loss runs for the previous five years
- b. Copies of written regulations to which the Organization adheres.
- c. Copies of codes of conduct and other policies to which the Organization adheres
- d. Brochures and Promotional Material about the Organization
- e. Copy of all releases/waivers signed by participants and guardians

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- b) The signing and filing of this application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response thereto.
- c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- d) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Applicant Signature: _____ Date: _____

Title: _____ Phone: _____

Agent/Broker: _____ Phone: _____