

SPORT INSURANCE APPLICATION

(If insufficient space, attach appendices using same numbers as questions)

New Renew Effective / Renewal Date: _____

A. Legal Name of Association or Organization

Mailing Address: _____

City/Province: _____ Postal Code: _____

Contact Person: _____

Telephone: () _____ Email: _____

Facsimile () _____ Web site _____

In operation since: _____ Annual operating budget/revenue: _____

1. Indicate percentage of funds received from: Dues from members: _____ %
Government: _____ % Fees for service: _____ % Donations: _____ %
Other - specify: _____ %

Name of accountant/auditor: _____ How often is audit done? _____

2. Has the organization filed a federal income tax return for any of the last five years? Yes No

If "yes", have the returns been accepted as filed? Yes No

If "no", explain: _____

3. When were your by-laws updated last? _____

4. Applicant is: National Provincial Regional League

Other - specify _____

5. Non profit Yes No

6. Number of participants - 12 & under: _____ 13 – 18: _____ 19 & over: _____

7. Number of paid coaches/managers: _____ Volunteer coaches/managers: _____

8. Number of officials/referees: _____ Board members: _____

9. Total number of members in association (including participants, coaches, etc.): _____

10. Estimated number of volunteers: _____



11. Describe the sport activities to be insured: _____

12. Describe all other activities for which insurance is required:

Social events such as awards banquets Other social events – specify (by type):

Fund raising activities – describe and estimate approximate number: _____

Concession stands (coverage applies only to concession stand operations that take place in conjunction with sanctioned activities).

Other – specify: _____

13. Are all games, practices and competitions sanctioned by the applicant? Yes No

If “no”, explain: _____

14. Provide a schedule of events for national / provincial / regional competitions, including the number of members at each competition.

15. Are all coaches / instructors / officials certified? Yes No

If “no”, explain: _____

16. Are coaches / instructors present at all activities? Yes No

If “no”, explain: _____

17. Do you receive & document police checks on all employees, coaches & volunteers? Yes No

If “no”, explain: _____

18. Appropriate operational procedures are required to eliminate abuse potential. Do you have a formal written policy including physical , sexual & mental abuse for your employees, coaches & volunteers? Yes No

19. Do you have written procedures for handling suggestions or complaints regarding any form of abuse? Yes No

20. Are your employees, coaches & volunteers made aware of the procedures/incident reporting for sexual abuse/harassment? Yes No

21. Describe medical / first aid / safety / security procedures:

22. Describe all facilities you own or manage for which insurance is requested:

23. Provide copy of your membership application, any brochures, waivers or awareness of risk forms.

24. Outline or attach your association event sanctioning procedures:

This is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or a written binder specifically authorized by the Company. Quotations will be based on information provided and applicant warrants information provided.

For renewals sign here:

Dated: _____ Applicant's Signature: _____

For new submissions, continue on page 4

