



# CANADIAN SPORTS INSURANCE BROKERS

## HOCKEY SCHOOL INSURANCE APPLICATION

\*failing to fill out forms completely may result in a loss of coverage\*

1. Official Name of Hockey School:

2. Office/Mailing Address:

3. Phone Number

4. Fax Number

5. E-mail Address:

6. Location of Arena:

7. Dates of Hockey School:

8. Length of Hockey School:

9. Years of Experience Operating  
Hockey School:

10. Does your school teach or have drills with any **body checking or boarding** activities?

YES NO

If YES, please explain:

11. Total # of Instructors:

12. Total # of Participants under 13:

13. Total # of Participants 14 to 18:

14. Total # of Participants over 19:

15. Ratio of Coaches to  
Participants:

16. List or attach Certificates of  
Training/Experience of Instructors:

17. List Name of Instructors and their respective ages:

Name:

Age:

Name:

Age:

Name:

Age:

18. Describe any social events that  
take place during your school:

19. Attach a copy of your application, waivers, releases & any school pamphlets.

Enclosed:

Application YES NO

Waivers & Releases YES NO

School Pamphlets YES NO

20. Are any American students registered/participating? YES NO

21. Please confirm that American participants carry medical coverage.

X  
Signature

22. Losses: List and explain any losses that have been paid by your insurance policies:

23. Name of current insurance carrier & policy number:

24. Has any insurance company ever cancelled or refunded your organization coverage? YES NO

If YES, explain.

25. Desired Effective Date:

26. Any additional information or remarks that you believe may help us in evaluating your application will be appreciated. Please use the space provided or attach a separate piece of paper.

**IMPORTANT NOTICE:**

**PLEASE READ CAREFULLY:**

**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. APPLICATION REQUIRES SIGNATURE, FAILURE TO SIGN DELAY'S PROCESSING TIME.**

X  
Signature of Applicant

Position:

Date: