

RECREATIONAL (NON-CONTACT ONLY) HOCKEY 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. Applicant for this Insurance is:

_____ Team	_____ League	_____ Association
	_____ Owner/Operator	_____ Corporation

 Other: _____
8. Affiliations:
 (a) Provincial: _____
 (b) National: _____

UNDERWRITING INFORMATION:

1. Total number of Players: _____ Total number of Volunteers: _____
2. Total number of Coaches: _____ Total number of Directors: _____
3. Total number of Teams: _____ Total number of Referees: _____
4. Provide approximate breakdown of players by the following age category in your organization by number.

		Percentage of		
		Females	Males	
Youth:				
Participants Ages ___ to 13 years of age :	_____	_____	_____	_____
Participants Ages 13 to 18 years of age:	_____	_____	_____	_____

Senior:

Participants Ages 19 to 35 years of age: _____
Participants Ages 35 and up: _____

Is there any US or foreign players? ___yes ___no

5. How many games and practices will be held by each team during the policy period. _____

6. Locations of games & practices: _____

7. Are all practices, contests, exhibition games, and other events sanctioned and supervised by the organization.
_____Yes _____No

If no, please explain: _____

8. Do you have any potential for travel to the United States?: _____

9. Are you affiliated with Summer AAA Leagues or Tournaments?: _____

PAST INSURANCE HISTORY:

1. 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	Premium	Total Losses
Participant Liability	_____	_____	_____
Accident Policy	_____	_____	_____

2. Name of Current or past Insurance Carrier?

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

_____ Yes _____ No

If Yes, please explain:

4. INSURANCE REQUIREMENTS FOR YOUR ORGANIZATION:

Liability Coverages:

Limits available: \$2,000,000. or \$5,000,000.

Accident Coverages:

Limit available: Two options available only

5. Please indicate or select one of the following options:

Plan one: \$2,000,000. liability with no accident plan coverage: _____

Plan two: \$2,000,000. liability plus accident plan "A" coverage: _____

Plan three: \$2,000,000. liability plus accident plan "B" coverage _____

Plan four: \$5,000,000. liability plus accident plan "B" coverage _____

6. Desired Effective Date: _____ Expiry Date: _____

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

	Materials Enclosed:	
	Yes	No
. Copy of your letter patent (if incorporated)	_____	_____
. Copy of insurance face sheet from current insurer	_____	_____
. Copy of your registration forms	_____	_____
. Copy of any waivers/release forms you use	_____	_____
. Copy of rules of the game and penalty rules	_____	_____

If any negative answers (no), please explain: _____

8. Any additional information or remarks that may help us in evaluating your application please use a separate sheet. _____

1. IT IS UNDERSTOOD AND AGREED THAT THE INSURANCE COVERAGE WILL NOT APPLY FROM INJURIES RESULTING FROM INTENTIONAL BODY CHECKING OR BOARDING. VIOLATING THE RULES AND BY-LAWS OF THE ASSOCIATION, LEAGUE OR TEAM.

2. IT IS UNDERSTOOD AND AGREED THAT COVERAGE DOES NOT APPLY TO BODILY INJURY TO A PARTICIPANT UNLESS YOU IMPLEMENT SUFFICIENT PROCEDURES TO SECURE FROM EACH PARTICIPANT AND DELIVER TO US SIMULTANEOUSLY WITH NOTICE OF A PARTICIPANT CLAIM A VALID RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FORM AS ATTACHED AND MADE PART OF THE POLICY DATED AND SIGNED BY THE PARTICIPANT PRIOR TO THE TIME OF THE OCCURRENCE IN WHICH SAID PARTICIPANT WAS INJURED.

3. 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.

Signature of Applicant

Position

Date

**AMATEUR ATHLETIC
WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the _____

(Name of Organization) athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS _____, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
PARTICIPANT'S SIGNATURE

X _____ Date Signed: _____
WITNESS

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____ _____
PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE NUMBER

X _____ _____
WITNESS