

**HOCKEY INSURANCE APPLICATION – NON-CONTACT HOCKEY TEAMS**

For Amateur, Recreational, Individual Hockey Teams (Up to 20 Players Maximum)

**APPLICANT INFORMATION:**

Name of Applicant: \_\_\_\_\_  
 Name of Team: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Have you ever had insurance refused or cancelled in the past 3 years? Yes  No   
 Has there been any losses and / or injuries in the past 3 years? Yes  No   
 Previous insurance carrier and premium: \_\_\_\_\_

**SPORT ACTIVITY DESCRIPTION:**

Types of Team: \_\_\_\_\_  
 Description & Address of Location: \_\_\_\_\_  
 Number of Participants 6-12: \_\_\_\_\_ 13-18: \_\_\_\_\_ 19 & over: \_\_\_\_\_  
 Number of Coaches / officials / referees: \_\_\_\_\_  
 Are the coaches industry certified and / or have first – aid qualifications? Yes  No   
 Do you operate to the standards of your provincial sports association? Yes  No   
 Level of Contact: Non-Contact  Incidental Contact  Full-Contact   
 Highest Level or Tier of competition: \_\_\_\_\_  
 Number of games played: \_\_\_\_\_ Practices: \_\_\_\_\_ Tournaments: \_\_\_\_\_  
 Do you use a waiver or release, release of liability and assumption of risk management waiver? Yes  No   
 Describe the medical / first aid / safety procedures: \_\_\_\_\_  
 Any overnight exposures? Yes  No  If yes, please provide details: \_\_\_\_\_  
 U.S. operations, exposures, players? Yes  No  If yes, please provide details: \_\_\_\_\_

**Request to Bind**

<b>CGL including participant Accident Medical Coverage</b>		
<b>\$2,000,000</b>	<b>\$350</b>	<b>Short Term</b>
<b>\$2,000,000</b>	<b>\$450</b>	<b>Annual Term</b>

**\*\* For contact hockey, limits greater than \$2 million, or more than 20 participants please submit for rating.**

**Insurance is not in effect until Oceanic Underwriters has issued a binder number.**

**The policy will be subject to a minimum \$1,000 deductible. 15% Broker Commission on Premiums.**

**Premiums are fully earned and retained once binder number is issued by Oceanic Underwriters.**

**BROKER INFORMATION:**

Brokerage: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Is this an existing account for your brokerage? Yes  No   
 How long have you held this account? \_\_\_\_\_ Target Premium: \_\_\_\_\_  
 Current Insurer: \_\_\_\_\_ Current Policy #: \_\_\_\_\_ Expiry: \_\_\_\_\_  
 Current Limits: \_\_\_\_\_  
 Last date you inspected this risk as the broker: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizcommercial@premiergroup.ca](mailto:newbizcommercial@premiergroup.ca) \*\***

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