

APPLICANT

Legal Name of Applicant: _____

Team/School/Tournament Name: _____ Website: _____

DESIRED EFFECTIVE DATE OF COVERAGE: From: _____ To: _____

Requested limits: \$1 million \$2 million \$3 million \$4 million \$5 million

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Risk Location Address: _____

City: _____ Province: _____ Postal Code: _____

Name of Person completing this application: _____ Position: _____

Business is: Sole Proprietorship Partnership Non-Profit Assn Corporation (Inc., Ltd.)

If you are Non Profit, do you require a quotation for Directors & Officers Insurance (separate application will be required) Yes No

ACTIVITY INFORMATION:

1) Insurance is required for: Individual Team League Tournament Training School/Camp

a. If TOURNAMENT, do you require proof of insurance from all teams? Yes No

i. If NO, then all participants / teams must be reported here and included in this coverage.

b. If LEAGUE, do you own your facility? Yes No

i. If YES, a separate application will be required for facility coverage.

If you are a provincial sport organization, or an association whose membership is comprised of leagues or member clubs, please complete the ASSOCIATION application.

2) Level of sport played is: Amateur-Recreational Amateur – Competitive Professional

3) Sport is considered: Contact Non Contact Incidental Contact Only

4) Highest Level or Tier of competition: _____

5) Do you belong to an association who already provides liability coverage to you? Yes No

a. If YES, please name association and coverage: _____

6) Describe the sport activities to be insured and the level of 'person to person' CONTACT involved: _____

7) Number of games played: _____ practices: _____ tournaments: _____

8) Number of participants 12 & under: _____ 13-18: _____ 19 & over: _____

9) Total number of teams: _____ TOTAL number of participants for the entire policy term: _____

10) Number of paid coaches / managers: _____ Number of volunteers: _____

11) Number of officials / referees: _____ Number of board members: _____

12) Ratio of Coaches to Participants (maximum class size): _____

13) Please list all provinces, territories or countries in which you operate: _____

14) Do you have any US / Foreign players? Yes No

a. If YES, do they carry appropriate medical insurance covering them for sporting activities? Yes No

15) Do you use a waiver of release, release of liability and assumption of risk agreement (waiver) for ALL clients for ALL activities? _____

Yes No

a. If NO, please explain: _____

b. If YES, please provide a copy for our review. _____

16) Do you use a medical questionnaire for all participants? Yes No

a. Explain how and why you would decline a client from participating: _____

17) Do you have any overnight exposure? Yes No

a. If YES, please explain & provide supervision procedures: _____

18) Are participants ever taken offsite (such as swimming etc. during a day camp program)? Yes No

a. If YES, please explain: _____

- 19) Do you operate to the standards of your provincial sport association? Yes No
- a. If NO, please explain: _____
- b. If there is no PSO for your sport, please provide us with a copy of your rules & regulations. _____
- 20) Do you require participants to wear all safety gear (i.e. helmets, mouth guards, etc) as recommended by the governing body for your sport? Yes No
- a. If NO, please explain: _____
- 21) Is First Aid available at all practices, games & sanctioned events? Yes No
- 22) Are your coaches certified? Yes No
- a. If NO, please explain how they are trained: _____
- 23) Do you have any fund raisers? Yes No
- a. If YES, please describe: _____

INSURANCE INFORMATION

- 24) Have you ever been declined for liability insurance coverage? Yes No
- a. If YES, please explain: _____
- 25) Has your insurance coverage ever been cancelled by any insurance company? Yes No
- a. If YES, please explain: _____
- 26) Have you had an insurance claim, or do you know of any incidents that may arise in a claim pending for the past five years:
Yes No If YES, please explain: _____
- 27) Please provide your previous insurer and premium amount for the past three years:

YEAR	INSURANCE COMPANY	PREMIUM	LIMIT OF LIABILITY

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 ****

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