

APPLICANT

Legal Name of Applicant: _____

Website: _____

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

Requested limits: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Location Address: _____

City: _____ Province: _____ Postal Code: _____

Name of Person completing this application: _____ Position: _____

Business is (check one): 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 & ASSOCIATION INFORMATION:

1) Do you own any facilities: Yes No

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

2) Please state your association mission statement: _____

3) Please state sport (s) covered: _____

4) Are you the Provincial or National governing body for your sport? Yes No

5) Please describe highest level of sport covered by your association: _____

6) Total Club Membership: participants _____ member clubs/leagues _____

7) Will this coverage apply to all member clubs of your association? Yes No

a. If NO, please explain exemption: _____

8) Please provide a list of all member clubs of your association (attach if necessary):

PLEASE NOTE THAT ONLY CLUBS THAT ARE LISTED HERE OR ADDED BY ENDORSEMENT WILL BE INCLUDED IN THIS POLICY

Name of Club	Mailing Address	Total # of Participants	Total # of Teams if applicable

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

10) Do you have any US/Foreign members? Yes No

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

11) 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.

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

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

13) 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:

14) Is First Aid available at all practices, games & sanctioned events? Yes No

15) Are your coaches certified? Yes No

a. If NO, please explain how they are trained:

16) Do you certify coaches or trainers? Yes No

a. If YES, please provide copy of certification process.

17) Do you set standards for coaches & officials? Yes No

18) Do you set standards for disciplinary action taken against players or officials? Yes No

19) Do you set standards for safety gear or sporting equipment, or engage in any research or development for any equipment?

Yes No

a. If YES, please describe your role in detail:

20) Do you have protocols in place for?

a. Risk Management & Emergency Response Yes No

b. Alcohol & Drug Use Yes No

c. Discrimination Yes No

d. Abuse & Molestation Yes No

If you answered yes to any of the above questions, please provide a copy of these protocols, and describe how they are distributed and trained throughout the association.

21) Do you have any fund raisers? Yes No

a. If YES, please describe:

22) Please provide any additional information that you feel may assist us:

INSURANCE INFORMATION

23) Have you ever been declined for liability insurance coverage? Yes No

a. If YES, please explain:

24) Has your insurance coverage ever been cancelled by any insurance company? Yes No

a. If YES, please explain:

25) Have you had an liability 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:

26) 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 <input type="checkbox"/> No <input type="checkbox"/>		
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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