

SPORT ORGANIZATION INSURANCE APPLICATION

General Information (Please Print Or Type)

1. Official Name of Organization: _____
 Head Office Mailing Address: _____ Postal Code: _____
 Telephone Number _____
 Contact Name: _____
2. Affiliations: (a) Nationally _____ International _____
3. Following please list those entities which you are CONTRACTUALLY OBLIGED to list as an Additional Insured.

*If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, with respect to your activity or operation.

Underwriting Information

4. Number of Participant Members _____
 Estimated Total Annual Receipts _____
 Provide participant per age category of your sport.
 Participants Ages _____ TO _____
 Participants Ages _____ TO _____
 Is there any U.S. or foreign participants? Yes No
 Number of Clubs/Teams _____
 Number of Coaches that are paid _____ Number of volunteer coaches _____
 Number of Officials/Umpires _____
5. Describe the sports activity to be insured _____
6. Describe auxiliary activity to be covered _____
7. Any of the following events to be insured:
 Social events YES NO Fund raisers YES NO
 Describe _____
8. Are there any activities involving trampolines and/ or inflatable jumping pillows:
 Yes NO if yes please explain: _____
9. Explain sanctioning procedures: (Attach copies of sanction requirements and applications)
10. Describe medical, security, and evacuation procedures for championships, tournaments, etc.:

11. Is first aid available for practices and local contests: YES NO
 Describe: _____
 Describe safety precautions taken for the safety of spectators: _____
12. Is there a safety/injury control program in place YES NO
 Describe or attach a copy _____
13. Are waiver/release, or consent form signed by participants YES NO (Please attached a copy)

14. Outline type of facility where your sport is played _____
15. Do you rent /own any facilities, describe _____
Location where sports activities take place: _____

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

17.

<u>Desired Coverages</u>	<u>Limits</u>
_____ General Liability	_____
_____ Sports Accident	_____
_____ Directors & Officers (Required: Financials, Bylaws & List of Directors)	_____
_____ Sports Travel (Excess hospital Medical)	_____
_____ Property	_____
_____ Other	_____

18. Desired effective and expiry date: _____

Past Insurance Experience

19. Do you presently carry insurance? _____ YES _____ NO
If yes, with which Insurance Carrier? _____
Has any Insurance Carrier cancelled or refused coverage? _____
If yes, explain: _____

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 Carried	Premium	Losses
General Liability	_____	_____	_____
Participant Liability	_____	_____	_____
Excess Medical	_____	_____	_____
Accidental Death & Dismemberment	_____	_____	_____
Other _____	_____	_____	_____

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.

Applicant _____

Date _____