

Hockey School Insurance Application

Brokerage: _____ Contact Person: _____ Email: _____

Name of Insured: _____ o/a _____

Mailing Address: _____ City/Prov _____ Postal Code _____

Location Address: (if different from mailing): _____

Telephone: (_____) _____ Website: _____

Previous insurance company: _____ Is renewal being offered: _____

Has the named insured ever been refused or cancelled coverage? _____

5 year loss history: _____

UNDERWRITING INFORMATION

Estimated Total Annual Gross Receipts \$ _____ Annual Retail Receipts: \$ _____

Years the organization has been operating: (give date) _____

Applicant for this Insurance is:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Team/League | <input type="checkbox"/> Partnership | <input type="checkbox"/> Non-profit Association |
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Other: _____ |

Location and dates of Hockey School:

Affiliations:

(a) National: _____

(b) International: _____

Desired Effective Date: _____ Expiry Date: _____

Are waivers/release, or consent forms signed by participants? Yes No

Do you rent/own any facilities on an annual basis as the sole occupant? Yes No

Does your school teach or have drills with any **body checking or boarding** activities? If so, Please explain:

Total number of participants: _____

Total number of participants 9 and under: _____

Total number of participants 10 to 18: _____

Total number of participants 19 and over: _____

Total number of officials, umpires and coaches: _____

Ratio of coaches to participants: _____

List or attach Certificates of Training/Experience of Instructors: _____

List Names of Instructors and their respective Ages:

Name	Age
_____	_____
_____	_____
_____	_____

Do any youth (18 yrs or younger) play against any adults (19yrs or older)? Yes No

Are there any U.S. or foreign participants? Yes No

Are there any Jr. A or B Level participants? Yes No

Are any of the following to be insured: Social Events: Yes No Fund Raisers: Yes No

Do you follow association/facility approved rules, regulations and safeguards? Yes No

Are there any activities involving trampolines and/or inflatable jumping pillows? Yes No

Do you have any potential to travel to the United States? Yes No

Do you serve alcohol or allow participants to bring alcohol on the premises and/or event? Yes No

Do any trainers work one on one with professional and/or semi-professional athletes? Yes No

Attach a copy of your school application, waivers, releases and any school pamphlets:

Application:	Yes	No
Waivers & Releases:	Yes	No
School Pamphlets:	Yes	No

Insurance requirements for your organization (Please check and indicate limits required):

Desired Coverages:	Limit:
General Liability including Participants Coverage	\$2,000,000.00 \$5,000,000.00
Sports Accident Coverage	Basic Plan or None

Any additional information or remarks that you believe may help us in evaluating your application will be appreciated. Please use the space provided or attach separate page:

IMPORTANT NOTICE, PLEASE READ CAREFULLY:

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSUREDOR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES UNDERWRITING THIS APPLICATION.

Signature of Applicant

Position

Date