



Trinity Underwriting Managers Ltd.
 55 York Street, Suite 400,
 Toronto, Ontario, M5J 1R7
 Canada
 T: (416) 363-3431
 F: (416) 362-0278
 submissions@trinitysport.ca
 www.trinityunderwriting.ca

INSURANCE FOR COMMERCIAL GENERAL LIABILITY APPLICATION FORM

SECTION 1: BROKER DETAILS

1.1 Please provide the following details:

Brokerage Name: _____
 Address: _____
 City / Prov. / Post Code: _____
 Telephone: _____ Contact Name: _____

SECTION 2: RISK DETAILS

2.1 Effective Dates: Policy period required from: _____ to _____
 (effective date) (expiry date)

2.2 Please provide the following details: (If coverage is provided for subsidiary companies, please include all subsidiary information when completing the questions in this application form)

Name of Insured: _____
 Contact Name: _____ Title: _____
 Mailing Address: _____
 City / Prov. / Post Code: _____
 Location Address: _____
 Website: _____

2.3 What is the Insured? Association League Team

2.4 Type of organization: For-Profit Non-Profit

Operating Budget: _____ Revenue: _____

2.5 The Applicant has continuously been in business since: _____

Does the Applicant currently carry insurance? Yes No

Who is the current carrier? _____

Is the current carrier offering renewal? Yes No

Are there any losses in the past 5 years? Yes No

2.6 Do you rent / own any facilities? Yes No

SECTION 3: BUSINESS ACTIVITIES

- 3.1 Is the sport: Non-Contact Contact
- 3.2 Are signed waivers / release / consent forms obtained? Yes No

****If yes, please provide a copy****

If no, please explain why:

- 3.3 Describe sports activity / activities to be covered:

- 3.4 Number of Athlete Members: Under 12 years of age: _____
 13 to 18 years of age: _____
 Over 18 years of age: _____
- Number of Clubs / Teams: _____ Total Number of Coaches: _____
- Number of Paid Coaches / Instructors: _____ Number of Officials / Umpires: _____
- Number of Non-Participating Members: _____ Number of Volunteers: _____
- Number of tournaments hosted: _____ Number of participants: _____
- Number of tournaments attending: _____ Number of participants: _____
- Number of Sanctioned Events: _____
- Average number of participants per event: _____
- Average number of spectators per event: _____

- 3.5 Describe any other ancillary activities to be covered:

- 3.6 Are there any U.S. operations or exposures? Yes No

If yes, please describe in detail:

- 3.7 Are coaches / trainers certified? Yes No

If yes, please describe the certification process:

- 3.8 Are all practices, contests, and ancillary events sanctioned and supervised by the association? Yes No

If no, please explain:

3.9 Please explain the sanctioning process:

3.10 Is first aid available for practices, games, tournaments, etc? Yes No

3.11 Is there a safety / injury program in place? Yes No

****If yes, please provide a copy of the program****

3.12 Are participants ever transported to or from practices or competition by organization members? Yes No

If yes, please explain:

3.13 Describe all other activities:

Social Events:

Fundraisers: _____

Any liquor exposure? Yes No

Is there any food or drink being provided? Yes No

If yes, please provide details:

3.14 Please describe medical / first aid / safety and security procedures:

3.15 Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? Yes No

If yes, please give details:

3.16 Does the Insured rent or lease vehicles from others? Yes No

If yes, how often per year?

Are any of these vehicles driven in the United States? Yes No

Does the Insured contract services from others? Yes No

If yes, describe: _____

Are vehicles used to transport anyone? Yes No

If yes, how often and for what purpose?

SECTION 4: CLAIMS INFORMATION

- 4.1 Regarding all types of insurance to which this application form relates:
- a. is the Applicant aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last five (5) years, or
 - b. is the Applicant aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof, or
 - c. have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof, or
 - d. have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c, and d above: Yes No

If the answer to the above is Yes, then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by the Applicant and/or by Insurers, and the dates of all developments and payments.

- 4.2 Does the Insured have a formal loss-control program? Yes No
If yes, describe: _____

- 4.3 Does the Insured have a formal employee safety-training program? Yes No
If yes, describe: _____
-

SECTION 5: INSURANCE COVERAGE REQUIREMENTS

- 5.1 Please provide details of the Applicant's current / required General Liability insurance coverage:

Effective / Expiry Date: _____
Limit: _____ Deductible: _____

- 5.2 Desired Coverage Limits:

- General Liability _____
- Sports Accident _____
- Property _____
- Other (specify): _____

SECTION 6: SPORT ACCIDENT

- 6.1 Do you require player accident coverage? Yes No

Current Insurer: _____ Policy Number: _____

Has any company previously declined or cancelled any insurance coverage? Yes No

If yes, give details: _____

Are there any losses in the last 5 years? Please provide full details including date, description of loss and amounts paid out / reserves: _____
