



# HOCKEY LIABILITY QUESTIONNAIRE

(Amateur Only)

PLEASE ANSWER ALL QUESTIONS  
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

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**Legal Status:**

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2. **Contact Name:**

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3. **Mailing Address:**

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**Website Address:**

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4. Policy Period Required: From: \_\_\_\_\_ To: \_\_\_\_\_

5. Description of Operations: \_\_\_\_\_

6. Is a sports accident and injury policy in effect?  Yes  No

7. Is an injury report form completed after any/all accidents? (Attach sample)  Yes  No

8. Specify level(s) of play:

Min. Novice     Novice     Min. Atom     Atom     Min. Peewee     Peewee  
 Min. Bantam     Bantam     Adult Recreational     Other – Describe: \_\_\_\_\_

9.  Full Contact  Non-Contact

10. Number of years in operation: \_\_\_\_\_

11. Certified officials referee all competitive play?  Yes  No

12. Are there any paid officials or employees?  Yes  No  
If Yes, please describe and advise payroll.

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13. Describe any contracts or agreement where you assume the liability of others (attach copies if possible).

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14. Is the Applicant a team?  Yes  No

If Yes, number of players: \_\_\_\_\_ No. of games played: \_\_\_\_\_ No. of practices: \_\_\_\_\_

Describe experience/qualifications of team coaches/instructors:

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15. Is the Applicant a league?  Yes  No

If Yes, number of teams: \_\_\_\_\_ Total no. of players: \_\_\_\_\_ No. of practices: \_\_\_\_\_

Describe experience/qualifications of team coaches/instructors:

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16. Is the Applicant a hockey school?  Yes  No

If Yes, no. of participants: \_\_\_\_\_ No. of games played: \_\_\_\_\_ No. of practices: \_\_\_\_\_

Describe experience of instructor(s):

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Full contact scrimmaging?  Yes  No

Percentage of class time: \_\_\_\_\_ %

If Yes, describe: \_\_\_\_\_

17. Is the Applicant a hockey school?  Yes  No  
If Yes, total no. of players: \_\_\_\_\_ Total no. of teams: \_\_\_\_\_ Total games played: \_\_\_\_\_  
Are all participants members of Insured's league?  Yes  No  
If No, number of non-members: \_\_\_\_\_

18. Any U.S. operations or exposures?  Yes  No  
If Yes, describe in detail including number of days and number of games played in U.S.A.:

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19. Any players billeting?  Yes  No  
If Yes, describe:

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20. Describe transportation used:  Yes  No  
Any fundraising activities?  Yes  No  
If Yes, describe:

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Any banquets?  Yes  No  
If Yes, describe:

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Any other social activities?  Yes  No  
Any liquor exposure?  Yes  No  
If Yes, describe:

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21. If alcohol is served, are all servers required to undergo server intervention courses?  Yes  No  
Does the Insured have any premises under their care, custody or control?  Yes  No  
If Yes, describe:

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22. C.H.A. sanctioned rules enforced?  Yes  No  
Is a discipline policy in place and enforced?  Yes  No

C.H.A. sanctioned protective gear required?  Yes  No

Is ice surface checked and condition documented prior to use?  Yes  No

23. Does applicant presently carry insurance?  Yes  No  
If Yes, who is the present insurer:

\_\_\_\_\_  
If No, please explain: \_\_\_\_\_

Premium: \_\_\_\_\_ Limit: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Is the present insurance Claims Made?  Yes  No  
If Yes, state retro date: \_\_\_\_\_

Are they willing to renew?  Yes  No  
If No, please explain: \_\_\_\_\_

Does the policy cover all operations of the Insured?  Yes  No  
If No, please describe: \_\_\_\_\_

**24. Claims History**

Include total costs from ground up for each claim, including defense costs and deductible.  
Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  Yes  No  
If Yes, give details: \_\_\_\_\_

25. **First Aid**

Are any of officials or coaches required to have First Aid qualifications?  
Please describe:

Yes  No

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Are there written procedures to follow in the event of accident or injury?  
Please describe and attach copies.

Yes  No

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Where is the nearest medical facility? \_\_\_\_\_ How far is it from usual venue? \_\_\_\_\_

26. Please indicate limit(s) of liability required: \_\_\_\_\_

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**



## CONCUSSION SUPPLEMENT

PLEASE ANSWER ALL QUESTIONS IF THEY DO NOT APPLY, INDICATE "N/A"

1. **Is there a plan developed and implemented to consider Concussion Management?**  Yes  No
- a) For those activities requiring headgear and other protective equipment, is it approved by a recognized and authoritative certifying organization?  n/a  Yes  No
- b) Are Coaches completing a course that addresses concussion awareness and managing potential concussions prior to being allowed to coach?  Yes  No
- c) Is a meeting **held** or distribution of information where all coaches are introduced to the basic principles of First Aid, and are therefore prepared to administer First Aid at all activities, including practices, games and tournaments?  Yes  No
- d) Is there an immediate removal of a participant who appears to have suffered a head injury or concussion?  Yes  No
- e) Is there a Return-to-Play policy that requires any player who has sustained a head injury or who is suspected of having sustained a head injury to:
- i) Visit a licensed health care professional for evaluation and clearance?  Yes  No  
and
- ii) Sign (for youth players, have parent/legal guardian sign) a head injury information/awareness sheet before returning to practice or game play?  Yes  No

**NOTE:** This Supplement becomes part of the application and does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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\_\_\_\_\_  
Dated

\_\_\_\_\_  
Applicant’s Signature