



SPORTS ORGANIZATIONS LIABILITY QUESTIONNAIRE

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

1. Official Name of Organization:

2. Contact Name:

3. Mailing Address:

Website Address: _____

4. Policy Period: From: _____ To: _____

5. Coverage required: _____ Limit required: _____

6. Number of years in operation: _____

7. Sports activity to be insured:

a) Baseball Basketball Football Lacrosse Rugby Soccer
 Volleyball Field Hockey Rollerblade Hockey Other: _____

b) Team League School Club Other: _____

8. Any games/tournaments outside of Canada? _____

9. Advise number of:

Total participants/members: _____

Ages: _____	To _____	= _____
Ages: _____	To _____	= _____
Ages: _____	To _____	= _____

Teams/Clubs: _____

Paid Coaches/Instructors: _____

Volunteer Coaches: _____

Umpires/Officials: _____

Other types of volunteers: _____

Are all employees covered under WSIB or Worker's Compensation? Yes No
If No, please list numbers by job description and estimated payroll:

Total payroll: _____

No. of Employees: _____

10. Are independent contractors used for any operations? Yes No
If so, please specify receipts and activity:

Is proof of insurance obtained from contractor? Yes No
If No, please explain:

If Yes, please provide what limits they are required to provide: _____

Does Applicant have any agreements assuming liability? Yes No
If so, please describe and provide copies:

11. Are all coaches/trainers certified? Yes No
If Yes, by whom:

12. Describe experience of instructors, coaches and/or trainers:

13. Description of facility where sport is played: _____

What facilities are available for spectators? _____

Does the Insured have any premises under their care, custody or control? Yes No
If Yes, describe: _____

14. Affiliations: a) National: _____

b) International: _____

Is any liability assumed under contract? (If yes, provide details and a copy of the contract):

15. Please list those entities which you are contractually obliged to list as an Additional Insured (including address):

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

17. Is an injury report form completed after any/all accidents? Yes No

18. Is first aid available? Yes No

If Yes, by whom provided? _____ Qualifications: _____

19. Are waivers signed? Yes No
If so, please attach a copy.

20. Any auxiliary activities to be covered? Yes No

21. Is participation in the insurance program mandatory for members? Yes No

If optional, approximately how many members participate in the program? _____

22. Total number of sanctioned events to be held during policy term? _____
Average number of events per season: _____
a) Local: _____ b) Provincial: _____ c) National _____ d) International _____

23. Explain sanctioning procedures (please attach any relevant documents):

24. Any hosted invitational tournaments planned? Yes No
If Yes, Total number of players: _____ Total number of teams: _____ Total games played: _____

Are all participants members of Insured's league? Yes No
If No, number of non-members: _____

Will non-member teams be required to provide proof of insurance? Yes No

25. 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.:

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

27. Describe transportation used: _____

28. Any fundraising activities? Yes No
If Yes, describe:

29. Any banquets? Yes No
If Yes, describe:

30. Any liquor exposure? Yes No
If Yes, describe:

31. Does applicant presently carry insurance? Yes No

If Yes, who is present insurer: _____ Premium: _____

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: _____

32. 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	AMOUNT				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: _____

33. Non-Owned Automobile

Number of employees using their cars on company business: Regularly _____ Occasionally _____

Estimated annual cost of:

hired cars _____ cars operated under contract _____

34. Accident Prevention and First Aid

First Aid Post:

Doctors: _____ Full Time: _____ Part Time: _____ Nurses: _____ Full Time: _____ Part Time: _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed? Yes No

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**



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