



OFFSEASON SPRING/SUMMER HOCKEY INSURANCE APPLICATION

NAME OF TEAM:

CONTACT NAME:

EMAIL ADDRESS:

MAILING ADDRESS:

PHONE NUMBER:

STREET ADDRESS:

CITY, PROV, POSTAL:

EFFECTIVE DATE:

FAILING TO FILL OUT FORMS COMPLETELY MAY RESULT IN LOSS OF COVERAGE

CONTACT HOCKEY? YES NO

LIMIT OF LIABILITY: \$5,000,000

HOSTING TOURNAMENTS? YES NO

AGE GROUP/DIVISION:

ADDITIONAL INSURED (s)

AMERICAN PLAYERS: PLEASE CALL OUR OFFICE IMMEDIATELY FOR RATES

Teams travelling to Europe or the United States, please contact our office immediately. You will require travel accident insurance.

Signature: _____

101C Hodsman Rd Regina, SK S4N 5W5
Toll Free: **1 8 SPORTS 411 (1-877-678-7411)**
Local: **1 306-569-2150** FAX: **1 306-781-7066**
www.csib.ca