
GameDay Renewal Application Form

Broker Name: _____

Insured Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____

Policy No.: _____ Expiry Date: _____

Limit of coverage as per expiry or: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

For Profit Not For Profit Annual operating budget/revenue?

Participants: Minors: _____ Adults: _____ Total: _____

No. of Coaches/Trainers/Instructors _____

No. of Volunteers: _____ , No. of Officials/referees: _____ , No. of Clubs/ Teams: _____

No. of Board members: _____

Total number of members in association (including participants, coaches, etc.) _____

Any changes in operations in the last year? _____

Any changes in other activities? _____

Social events: _____

Fundraisers: _____

Are you aware of any incidents that may give rise to a claim? Yes No

If you answered "YES" please provide details: _____

**Please attach a schedule of events for national / provincial / regional competitions, including the number of members at each competition.*

Authorized Signature: _____ Date: _____

Please Print Name: _____

The signing of this application does not bind insurance.