

Participant Accident Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____	to	_____
(effective date)		(expiry date)

2.2 Mailing information

Name of Insured as it is to appear on policy: _____
Name of Organization (if different): _____
Mailing Address: _____ _____

2.3 Break down participation by type of events and age:

Total number of participants: _____	Age Range of participants: _____
-------------------------------------	----------------------------------

2.4

	Type of Events	Number of Participants
Aged 12 and Under:		
Aged 13 to 18:		
Aged 18 and Older:		
Aged 60 and Older:		

Schedule of Events	Date(s)	Facility & Address	Est. Attendance

2.5

Type of Insured Operation: League Only Single Event Commercial Operation

Type of Commercial Operation: _____

Type of League / Event: _____

2.6

If this is a commercial operation, do you want a quote for Weekly Accident Indemnity for owners and hired full-time employees: Yes No

Total number of Owners: _____ Number of Employees _____

2.7 Limits requested for Accidental Death & Dismemberment / Medical:

<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	\$25,000
<input type="checkbox"/>	\$15,000	<input type="checkbox"/>	\$50,000
<input type="checkbox"/>	\$20,000		

Deductible:

<input type="checkbox"/>	\$0	<input type="checkbox"/>	\$250
<input type="checkbox"/>	\$50	<input type="checkbox"/>	\$500
<input type="checkbox"/>	\$100		

2.8

Are emergency procedures in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have procedures been tested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please attach a copy of the procedure				
Do you require any emergency vehicle and licensed EMT at each event?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please explain:				
If an emergency vehicle is not on site, what is the average emergency response time?				
Is first aid available to both participants and spectators at the event location(s)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please explain:				

2.9

Describe medical, security and evacuation procedures:

2.10

Is the insurance program: Mandatory Optional, please explain:

If optional, how many members are eligible to participate in your insurance program?

2.11

Are all coaches/trainers certified? Yes No

Please explain the certification process:

2.12

Are all practices, contests and ancillary events sanctioned and supervised by you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have sanctioning procedures in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please attach copies of the sanctioning requirements and application.				
Are you a member of an association or other organization which promotes or governs the activities named above?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are participants ever transported to or from practices or competitions at your direction and under your supervision?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe: _____				

2.13

Is a K&K approved waiver and release form read and signed by all persons entering a restricted area prior to entry?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please attach a copy of the form (s).				

2.14

Are coaches and officials to be covered?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are volunteers included in coverage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please indicate approximately how many:				

2.15 Please describe any ancillary events or activities:

Schedule of Events	Date(s)	Facility & Address	Est. Attendance

Please ensure the following are included with your submission:	
<input type="checkbox"/>	Copy of the previous/present policy
<input type="checkbox"/>	Copies of waiver/release forms.
<input type="checkbox"/>	Copies of rules and regulations, safety manuals and sanction requirements and application.
<input type="checkbox"/>	Four years of company loss runs (company copy including reserves)
<input type="checkbox"/>	Broker of Record letter. (if applicable)

Section 3: Declarations

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 bases 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.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 4: Additional Information

Additional Information: