

Amateur Sports Teams / Organization 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 What is the insured?

- Corporation Partnership Joint Venture
- Individual Other (specify) _____

2.3 Physical Address of Organization (if different than mailing)*:

Address: _____

*If more than one location, please enclose list.

2.4 Webpage: _____

2.5 Additional Insureds (As they are to appear on the policy)*

Name	Relationship	Address

*Subject to approval by K&K Insurance Canada

2.6 Type of Organization

Team League Athletic Association
 Provincial Association National Governing Body
 Other (specify): _____

2.7 Names of Officers

President: _____
 Secretary: _____
 Insurance Chairperson: _____

2.8

Do you rent / own any facilities? Yes No

If yes, please describe:

2.9

Is the sport:	<input type="checkbox"/>	Contact	<input type="checkbox"/>	Non-contact
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2.10

Previous Year/Estimated Gross Revenue:	\$	
Number of Athlete Members:		
Number of Clubs/Teams:		
Average number of participants per event:		
Number of Coaches:		
Number of Paid Coaches/Instructors:		
Number of Officials/Umpires:		
Number of Volunteers:		
Average Number of Spectators per Event:		
Number of Non-Participating Members:		
How many sanctioned events will be held during the policy term?		
Number of tournaments - hosted:		
Number of tournaments - attending:		
Number of participants:	Under 12 years of age:	
	13 to 18 years of age:	
	Over 18 years of age:	

2.11 Describe sports activity/activities to be covered:

2.12 Describe any ancillary activities to be covered:

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2.13

Any U.S.A. operations or exposures? Yes No

If yes, please describe in detail and include number of days and number of games to be played within the U.S.A:

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2.14

Is a Sports Accident and Injury Policy in effect? Yes No

If yes, please describe details:

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2.15

Will Certificates of Insurance be required for each club or sanctioned event? Yes No

2.16 Please describe rules and regulations:

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Please attach copies of books or manuals.

2.17

Is participation in the insurance program: Mandatory Optional

Please explain:

If participation in the insurance program is optional, how many members participate in your insurance program?

2.18

Are local, provincial and regional organizations involved in your organization? Yes No

Please explain:

2.19

Is insurance to be extended to these groups through the association on a blanket basis? Yes No

2.20

Are all coaches/trainers certified? Yes No

Please explain the certification process:

2.21

Are all practices, contests, and ancillary events sanctioned and supervised by the association? Yes No

If no, please explain:

2.22 Please explain sanctioning procedures:

Please attach copies of sanction requirements and applications.

2.23 Please describe medical, security, and evacuation procedures for championships, tournaments, etc.

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2.24

Is first aid available for practices and local contests?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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2.25 Describe safety precautions taken for the safety of spectators:

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2.26 What precautions are taken to prevent unauthorized persons from entering restricted areas?

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2.28

Is there a safety/injury control program in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please attach a copy of the program.

2.29

Are participants ever transported to or from practices or competitions by organization members?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please explain:

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2.30

Are waiver/release, or consent forms signed by participants?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please attach a copy of the waiver/release.				

2.31

Will any fundraising, social activities or banquets be conducted by the organization?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
a) If yes, please describe:				
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b) Are there any activities involving trampolines and/or inflatable jumping pillows.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:				
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*If alcohol will be served please fill out Liquor Liability Application.

Section 3: Liability

3.1 Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
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b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If no, please advise procedures followed and details of contracts used:

If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured?

c) Yes No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?

Yes No

If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?

d) Yes No

If no, in whole or part, please explain:

If yes, in whole or part, please attach a copy of the waiver.

3.2 Protective Liability

a) Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)? Yes No

If yes, what is the annual cost of work?

Let \$ _____

Sublet \$ _____

If yes, please give details of the sublet:

b) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations? Yes No

3.3 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please provide explanation.				
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3.3 Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:				
<hr/>				
b) Does the Insured rent or lease vehicles from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, (i) How often per year? :				
(ii) Are any of these vehicles driven in the United States?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Does the Insured contract services from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe:				
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<hr/>				
d) Are vehicles used to transport anyone?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how often and for what purpose?				
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Section 4: Claims Information

4.1

Does the Insured have a formal loss-control program? Yes No

If yes, please provide details:

4.2

Does the Insured have a formal employee safety-training program? Yes No

If yes, please provide details:

4.3

Does the Insured have a formal premises snow/ice clearance procedure? Yes No

If yes, please provide details:

4.4 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

Section 5: Limits of Liability Required

5.1 Commercial General Liability

Each Occurrence Limit	\$
Products - Completed Operations Aggregate Limit	\$
Personal Injury Limit	\$
Tenants Legal Liability Limit	\$
Medical Expense Limit - Per Occurrence/Per Person	\$
Non-Owned Automobile Limit:	
- Liability	\$
- Physical Damage	\$
Employee Benefits Limit	\$
Employers Liability Limit	\$
Advertising Injury Limit	\$
Other:	\$

Section 6: 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 7: Additional Information

Additional Information: