

**SECTION 1: APPLICANT INFORMATION**

1. Legal Name Organization/Team: \_\_\_\_\_
2. Contact: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
5. Email: \_\_\_\_\_ Website: \_\_\_\_\_
6. Will you require an Additional Insured to be added to the policy?  Yes  No  
**If yes**, please provide name, mailing address and reason to be added:  
\_\_\_\_\_

**SECTION 2: UNDERWRITING INFORMATION**

1. Name of Association/Federation affiliated with: \_\_\_\_\_
2. Are you a non-profit organization?  Yes  No
3. Are the premises you operate from:  Owned  Rented  Sub-leased
4. Is your facility licensed for all the activities you conduct?  Yes  No  
**If no**, please explain:  
\_\_\_\_\_

5. Length of Time in Business at this Location: \_\_\_\_\_  
Total Experience in this Type of Business: \_\_\_\_\_

6. Sports Activity to be insured: (Please fill in a separate application for Ice Hockey Schools and Leagues)

- Team  League  School  Club  
 Other: \_\_\_\_\_

**Select all sports that apply:**

- Baseball  Basketball  Football  Lacrosse  Wrestling  
 Volleyball  Field Hockey  Rollerblade Hockey  Soccer  Gymnastics  
 Boxing  Ice Skating  Dodgeball  Rugby  
 Other: \_\_\_\_\_

## 7. If you are a...

| League   | Team/School/Club/Other   |
|--|--|
| <ul style="list-style-type: none"> <li>• Number of Teams: _____</li> <li>• Number of Practices: _____</li> <li>• Number of Participants               <ul style="list-style-type: none"> <li>Under 13 Years of Age: _____</li> <li>From 14 to 17 Years of Age: _____</li> <li>18 Years of Age and over: _____</li> <li>Total Number of Participants: _____</li> </ul> </li> <li>• Ratio of Coaches to Participants: _____</li> </ul> | <ul style="list-style-type: none"> <li>• Number of Practices: _____</li> <li>• Number of Participants               <ul style="list-style-type: none"> <li>Under 13 Years of Age: _____</li> <li>From 14 to 17 Years of Age: _____</li> <li>18 Years of Age and over: _____</li> <li>Total Number of Participants: _____</li> </ul> </li> <li>• Ratio of Coaches to Participants: _____</li> </ul> |

8. Are all activities and scrimmages NON-contact?  Yes  No

9. Please indicate the number of the following:

Paid Coaches: \_\_\_\_\_ Volunteer Coaches: \_\_\_\_\_ Umpires/Officials: \_\_\_\_\_  
 Volunteers: \_\_\_\_\_ Other: \_\_\_\_\_

10. Are all employees covered under WSIB (Workplace Safety and Insurance Board)? (Applicable to Ontario Brokers only)  Yes  No

If no, please list numbers by job description and estimated payroll:

Total Payroll: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

11. Do certified officials referee all competitive play?  Yes  No

12. Are all coaches/instructors certified?  Yes  No

If yes, by whom: \_\_\_\_\_

Describe the experience/qualifications of the team/coaches/instructors:

Are the coaches/instructors trained/certified in CPR and First Aid?  Yes  No

13. Are there any hosted individual tournaments planned?  Yes  No

If yes, provide total number of players: \_\_\_\_\_ Total Number of Teams: \_\_\_\_\_

Total Number of Games played: \_\_\_\_\_

Are all participants members of the applicant's league?  Yes  No

If no, provide number of non-members: \_\_\_\_\_

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

14. Will there be any player billeting?  Yes  No

If **yes**, please provide details:

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15. Are there any US operations or exposures?  Yes  No

If **yes**, provide details, including the number of days and games played in the US:

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16. Please provide details on any fundraising activities:
- 

17. Outline the type of facility where your sport is played:
- 

18. Who is responsible for the following? (Check one)

|                       | Applicant                | Sub-Contractor           | Other                    | If "Other", please specify |
|-----------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| Facility Management   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Parking               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Security              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Maintenance           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Concession Sales      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Liquor Sales          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| First Aid             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Travel                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Off-Premises Catering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |

19. Is a certificate of insurance obtained from the annual subcontractors and landlords/tenants, indicating you have Additional Insured status?  Yes  No

20. Do you provide services to other businesses as a sub-contractor?  Yes  No

21. Have you signed any agreements assuming liability including care, custody or control of any premises?  
 Yes  No

If **yes**, please give details and provide copies:

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22. Provide details, if any, on any liquor exposure:

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23. To assist us in becoming more knowledgeable about your association, we require the following information:

- a. Copy of your constitution
- b. Copy of your policies and procedures
- c. Current directory
- d. Information booklet on your sport
- e. Copy of waiver and injury report

### SECTION 3: PARTICIPANTS SAFETY

1. If a hockey league:

- a. Are CHA (Canadian Hockey Association) sanctions rules enforced?  Yes  No
- b. Is a discipline policy in place and enforced?  Yes  No
- c. Is CHA sanctioned protective gear required?  Yes  No

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

3. Is an injury report form completed after any incident (attach sample)?  Yes  No

4. Is the chief instructor/coach present at all games?  Yes  No

5. Do you have a First Aid station at your premises?  Yes  No

a. Who staffs the station? \_\_\_\_\_

b. Is there an attendant on duty at all times?  Yes  No

c. What are the response times for the following:

Fire Station: \_\_\_\_\_ Police: \_\_\_\_\_ Ambulance: \_\_\_\_\_

6. Describe the precautions taken to avoid slips and falls at entrances in all weather conditions.

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7. Are shower areas covered with non-slip floor covering materials?  Yes  No

8. Are the parking lots well-lit and patrolled?  Yes  No

9. Describe the participant management procedures adapted by you:

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10. Describe actions taken and decisions made to avoid specific hazards in this activity (i.e. things you do or do not do):

11. Describe actions taken and decisions made to reduce the frequency of accidents in this activity (preventing incidents):

12. Describe actions taken and decisions made to reduce the severity of accidents in this activity (i.e. reducing the impacts of an incident):

#### SECTION 4: AUTOMOBILE EXPOSURE

1. Do you transport equipment and participants with your own or leased vehicles?  Yes  No

If **yes**, please explain:

2. Limits of Insurance carried:

3. Average Length of Road or Vehicle Travel (in kms): \_\_\_\_\_

4. Type of Road Used:  Highway  Rural  City Routes  Off-Road

5. Do you have any owned or leased vehicles inspected by a qualified mechanic?  Yes  No

If **yes**, is the inspection report logged into a permanent file in case of misadventure?  Yes  No

6. Do you have a regular maintenance program in place to ensure standard vehicle safety?  Yes  No

7. Do participants use their own vehicle(s) as well?  Yes  No

#### SECTION 5: INSURANCE & LOSS HISTORY INFORMATION

1. Do you currently carry any Commercial General Liability or Professional Liability insurance?  Yes  No

If **yes**, please provide details:

Current Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Premium: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Type of Policy: \_\_\_\_\_ Limit: \$ \_\_\_\_\_

- 2. Has any insurer ever declined, cancelled or imposed special conditions for any coverage, for you or your facility in the past?  Yes  No
- 3. Have you or your facility ever been subject to disciplinary proceedings for professional misconduct by a professional society or any statutory registration board?  Yes  No
- 4. Are you aware of any circumstances which may result in a claim against you or your facility?  Yes  No

If you answered "Yes" to any question in 2, 3 and/or 4 then you must provide full details on a separate page.

5. Loss History, please provide details below (attach additional page(s) if necessary):

| Year | Insurer | Premium | Detail of Loss(es) | # of Loss(es) | Total Amount(s) Paid |
|------|---------|---------|--------------------|---------------|----------------------|
|      |         |         |                    |               |                      |
|      |         |         |                    |               |                      |
|      |         |         |                    |               |                      |
|      |         |         |                    |               |                      |

6. Coverage Required:

- Liability                     
  Property                     
  Other: \_\_\_\_\_  
 (please note that if you require property coverage, please fill in the additional **Property Coverage Supplement** form)

7. Limit Required:  \$1,000,000                     
  \$2,000,000                     
  \$5,000,000

8. Are you aware of any incident which may result in a claim against you?  Yes  No

If yes, please provide details:

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**SECTION 6: OTHER INFORMATION**

Please provide any other information you feel would assist in the evaluation of your application:

**SECTION 7: NOTICE**

It is understood and agreed that coverage does not apply to bodily injury to a participant unless you implement sufficient procedures to secure from each participant and deliver to us simultaneously with notice of participant claim a valid release and waiver of liability and indemnity agreement form as attached and made part of the policy dated and signed by the participant prior to the time of the occurrence in which said participant was injured.

**SECTION 8: DECLARATION**

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

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 Applicant's Name (Please print)
 

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 Title/Position
 

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 Signature of Applicant
 

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 Date (MM/DD/YYYY)
 

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**BROKER CONTACT INFORMATION**

Agent Name: \_\_\_\_\_

Brokerage Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City / Province: \_\_\_\_\_

Fax: \_\_\_\_\_

Postal Code: \_\_\_\_\_

