

# SPORT ORGANIZATION INSURANCE APPLICATION

## GENERAL INFORMATION: (Please Print or Type)

1. Official Name of Organization: \_\_\_\_\_  
Head Office Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_
2. Affiliations: a) National: \_\_\_\_\_ b) International: \_\_\_\_\_
3. Following please list those entities which you are CONTRACTUALLY OBLIGED to list as an Additional Insured:

\*If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, with respect to your activity or operation.

## UNDERWRITING INFORMATION:

4. Number of Participant Members \_\_\_\_\_  
Estimated Total Annual Receipts \_\_\_\_\_  
Provide participant per age category of your sport.  
Participants Ages \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_  
Participants Ages \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_  
Is there any US or foreign players? Yes No  
Number of Clubs/Teams \_\_\_\_\_  
Number of Coaches that are paid \_\_\_\_\_ Number of volunteer coaches \_\_\_\_\_  
Number of Officials/Umpires \_\_\_\_\_
5. Describe the sports activity to be insured: \_\_\_\_\_
6. Describe auxiliary activity to be covered: \_\_\_\_\_
7. Any of the following events to be insured: Social Events Yes No Fund raisers Yes No  
Describe:

8. Are there any activities involving trampolines and/ or inflatable jumping pillows: Yes No If yes, please explain:

9. Explain sanctioning procedures: (Attach copies of sanction requirements and applications)

10. Describe medical, security, and evacuation procedures for championships, tournaments, etc.:

11. Is first aid available for practices and local contests: Yes No Describe:

Describe safety precautions taken for the safety of spectators:

12. Is there a safety/injury control program in place: Yes No Describe or attach a copy:

13. Are waiver/release, or consent form signed by participants: Yes No (Please attached a copy)

14. Outline type of facility where your sport is played: \_\_\_\_\_

15. Do you rent /own any facilities, describe:

Location where sports activities take place: \_\_\_\_\_

16. Do you have any potential to travel to the United States? \_\_\_\_\_

17.

**DESIRED COVERAGES**

**LIMITS**

General Liability

Sports Accident

Directors & Officers (Required: Financials, Bylaws & List of Directors)

Sports Travel (Excess hospital Medical)

Property

Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Desired Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**PAST INSURANCE EXPERIENCE**

19. Do you presently carry insurance? Yes No

If yes, with which Insurance Carrier? \_\_\_\_\_

Has any Insurance Carrier cancelled or refused coverage? Yes No If yes, explain:

**LOSS HISTORY**

Indicate limits carried, corresponding premiums paid and total losses for the past 3 years (Attach company loss history - verification if required)

<b>COVERAGE</b>	<b>LIMIT CARRIED</b>	<b>PREMIUM</b>	<b>LOSSES</b>
General Liability	_____	_____	_____
Participant Liability	_____	_____	_____
Excess Medical	_____	_____	_____
Accidental Death & Dismemberment	_____	_____	_____
Other _____	_____	_____	_____

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES UNDERWRITING THIS APPLICATION.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date