

Brokerage Name:			
Broker Telephone:		E-mail:	
Business Name:			
Location Address:			
	City:	Prov.:	P.C.:
Mailing Address:			
	City:	Prov.:	P.C.:
Owner/Operator:		Bus. #:	Fax:
Email:		Cell #:	Res.#:
Alternate Contact:		Phone:	Email:
Website:			
Current Insurance Company:	_____		Expiry Date of Current Policy: _____
Retroactive Date of Any Claims Made Policy:	_____		Target Premium: _____
Number of years in business?	_____	Have you ever been cancelled for nonpayment?	___

LIABILITY INFORMATION
Liability Limit Requested: \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

No. of Members: _____

Registration Fee: _____

ANNUAL RECEIPTS

Member Registration \$ _____ Clothing/Uniforms \$ _____ Supplements \$ _____

Alcohol \$ _____ Food \$ _____ Other \$ _____

TOTAL GROSS ANNUAL RECEIPTS: \$ _____

DESCRIPTION OF OPERATIONS
SPORT/ACTIVITY INFORMATION

List or describe the sport/activities offered: _____

Total number of competitive teams: _____ Total number of recreational teams: _____

Length of Season(s): _____ months per year

Do you carry out any administration or activities (i.e. fund raising, etc.) outside of "active" season(s)? ___

Are any games, practices, and tournaments sanctioned by another association or organization (provincial, national, private)? ___

If yes, 1) Please advise what organization or association: _____

2) What operations are you providing outside of this organization/association? _____

PARTICIPANT INFORMATION

of participants ages 0 – 17: _____ # of participants ages 18 & up: _____

Do you provide transportation to any participants for practices/games/events? ___

Do all participants sign a waiver or consent form? (Must attach) ___

COACHES/VOLUNTEERS

Provide the number of paid &/or volunteer coaches/organizers: # _____

Provide the number of paid &/or volunteer trainers: # _____

Do you obtain a Vulnerable Sector Check (VSC) for all coaches/trainers? ___

TOURNAMENTS

Provide number of tournaments: _____ How many tournaments will you be hosting? _____

Describe precautions being done to protect the safety of spectators: _____

Describe precautions taken to prevent unauthorized persons from entering restricted areas: _____

Do you have a safety or injury program in place? ___

Any events/tournaments/games held in USA? ___ Any held internationally? ___

Any social events/fundraisers? ___ Describe: _____

SPORT ORGANIZATION APPLICATION

Trothen & McConkey Insurance
 Phone: 1-519-672-3224 Toll Free 1-888-346-6602 Fax: 1-519-439-8865
[e-mail – info@sportsfitnesscanada.com](mailto:info@sportsfitnesscanada.com)

ADDITIONS TO THE POLICY
ADDITIONAL INSURED: (Provide full name, address and interest in the policy * i.e. Landlord, contractor, etc.)
1.
2.
LOSS PAYEE: (Provide full name, address and interest in the policy * i.e. leasing co., mortgagee, etc.)
1.
2.

CLAIMS HISTORY		
Has the <u>company</u> &/or <u>staff</u> had claims against them in last 5 years? ____, If yes please list details:		
Date of Loss	Loss Details	Amount Paid/Reserve

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms and correspondence. I understand that any forms or other material submitted with the application constitute part of my application for insurance. I further understand and agree that any misrepresentation or failure to provide true and accurate information may result in the voiding of and/or denial of claims under any policy issued at the option of the company.

By submitting this application and any related forms to **Sports & Fitness Insurance Canada**, you provide **Trothen & McConkey Insurance Broker Ltd.** with your consent to the collection, use and disclosure of your personal information, including that previously collected, for the purpose of: communicating with you; assessing your application for insurance and underwriting your policies; evaluating claims; detecting and preventing fraud; analyzing business results; and acting as required or authorized by law.

*NOTE: This program is fully earned. This means that there are no refunds once a policy is bound (after quotation is provided and agreed to). I confirm all information completed in this form is true and accurate.

Signature: _____ **Title:** _____ **Date:** _____