



# CANADIAN SPORTS INSURANCE BROKERS

## SPORT ORGANIZATION INSURANCE APPLICATION

### GENERAL INFORMATION

Official Name of Organization:

Head Office Mailing Address:

Telephone Number:

Fax Number:

E-mail Address:

Website:

List those entities which you are  
CONTRACTUALLY OBLIGED to list  
as **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 of operation.

### UNDERWRITING INFORMATION

Number of Participant Members:

Participants          Ages                          To

Participants          Ages                          To

Number of Clubs/Teams

Number of Officials/Umpires

Number of Paid Coaches

Number of Volunteer Coaches

How many sanctioned events will be  
held during the policy term?

Describe the sports activity to be  
insured:

Describe auxiliary activity to be  
covered:

Events to be insured:

Games or competitions run by member clubs including related training at club premises

YES

NO

Cover for selected teams or individuals competing in events run by others, including officially supervised training, i.e., tournaments or other associations

Your vicarious liability for events run by members and for which they are responsible. If coverage is required, please advise what insurance is arrange.

Social Events: YES NO

Fundraisers: YES NO

Describe:

Does your sport have training activities in the off season or during your season, not directly connected with your sport? Describe.

Are all practices, contests, and auxiliary events sanctioned and supervised by the association?

YES NO

If NO, explain:

Explain sanctioning procedures: (attach copies of sanction requirements & applications)

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

Is first aid available for practices and local contests?

YES NO

Describe:

Describe safety precautions taken for the safety of spectators.

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

Is there a safety/injury control program in place?

YES NO

Describe this program or attach a copy.

Are participants ever transported to or from practices or competitions by organization members?

YES NO

If YES, explain:

Are waiver/release, or consent forms signed by participants?

YES NO

Outline type of facility where your sport is played.

Do you own/rent any facilities? Describe.

**PROVIDE A COPY OF YOUR MEMBERSHIP APPLICATION, WAIVERS AND RELEASES.**

Do you have any potential to travel to the United States?

YES NO

Desired Coverages:

General Liability	YES	NO	Limit:
Sports Accident	YES	NO	Limit:
Sports Travel (excess hospital medical)	YES	NO	Limit:
Property	YES	NO	Limit:
Other	YES	NO	Limit:

**Desired Effective Date:**

Are all coaches/trainers certified?

YES NO

Please explain certification process:

## PAST INSURANCE EXPERIENCE

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:

## COVERAGE AND LOSS HISTORY

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

General Liability	Limit:	Premium:	Total Losses:
Participant Liability	Limit:	Premium:	Total Losses:
Excess Medical	Limit:	Premium:	Total Losses:
Accidental Death & Dismemberment	Limit:	Premium:	Total Losses:
Other	Limit:	Premium:	Total Losses:

To assist us to become more knowledgeable about your association, we require the following information:

>Copy of your letter patent	Enclosed	YES	NO
>Copy of your constitution	Enclosed	YES	NO
>Copy of your policies & procedures	Enclosed	YES	NO
>Current directory	Enclosed	YES	NO
>Information booklet on your sport	Enclosed	YES	NO
>Structure of your organization	Enclosed	YES	NO

>Copy of your waiver

Enclosed

YES

NO

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETEION 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.

X

Date

Applicant's Signature

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