



CANADIAN SPORTS INSURANCE BROKERS

RECREATIONAL (NON-CONTACT ONLY) HOCKEY INSURANCE APPLICATION

Official Name of Organization:

Main Mailing Address:

Telephone Number:

Fax Number:

Name of Contact for Insurance Program:

Address of Contact for Insurance Program:

Years the Organization has been
Operating:

Applicant for this Insurance is:

Team

League

Owner/Operator

Association

Corporation

Other

Affiliations (Provincial/National):

UNDERWRITING INFORMATION

1. Total Number of Players :

2. Total Number of Coaches:

3. Total Number of Teams:

4. Total Number of Volunteers:

5. Total Number of Directors:

6. Total Number of Referees:

7. Provide approximate breakdown of players by the following age category in your organization by number.

YOUTH: (% of Females & Males)

Participants Ages ___ to 13 years of age:

Participants Ages 13 to 18 years of age:

SENIOR: (% of Females & Males)
Participants Ages 19-35 years of age:
Participants Ages 35 & up:

Are there any US or foreign players? YES
NO

8. How many games & practices will be held by each team during the policy period?

9. Locations of games & practices:

10. Are all practice, contests, exhibition games, and other events sanctioned & supervised by the organization? YES
NO

If NO, please explain:

11. Do you have any potential for travel to the United States? YES
NO

12. Are you affiliated with Summer AAA Leagues or Tournaments? YES
NO

PAST INSURANCE HISTORY

1. Coverage & Loss History:

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

Participant Liability:

incl. Limit/Premium/Total Losses

Accident Policy:

incl. Limit/Premium/Total Losses

2. Name of Current/Past Insurance Carrier:

3. Has any Insurance Carrier ever canceled or refused your organization coverage? YES
NO

If YES, please explain:

4. Insurance Requirements for your organization:

Liability Coverages: \$2,000,000
\$5,000,000

Accident Coverages: Two options available only.

5. Please select one of the following:

Plan 1: \$2,000,000 liability with no accident plan coverage

Plan 2: \$2,000,000 liability plus accident plan "A" coverage

Plan 3: \$2,000,000 liability plus accident plan "B" coverage

Plan 4: \$5,000,000 liability plus accident plan "B" coverage

6. Desired Effective Date:

7. Desired Expiry Date:

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

Copy of letter patent (if incorporated)

Copy of insurance face sheet from current insurer

Copy of your registration forms

Copy of any waivers/release form you use

Copy of rules of the game & penalty rules

If you do not enclose any of the above please explain:

9. If there is any additional information or remarks that may help us in evaluating your application please explain:

IT IS UNDERSTOOD AND AGREED THAT THE INSURANCE COVERAGE WILL NOT APPLY FROM INJURIES RESULTING FROM INTENTIONAL BODY CHECKING OR BOARDING. VIOLATING THE RULES AND BY-LAWS OF THE ASSOCIATION, LEAGUE OR TEAM.

IT IS UNDERSTOOD AND AGREED THAT COVERAGE DOES NOT APPLY TO BODILY INJURY TO A PARTICIPANT UNLESS YOU IMPLEMENT SUFFICIENT PROCEDUES TO SECURE FROM EACH PARTICIPANT AND DELIVER TO US SIMULTANEOUSLY WITH NOTICE OF A PARTICIPANT CLAIM A VALID RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FORM AS ATTACHED AND MADE PART OF THE POLICY DATED & SINGNED BY THE PARTICIPANT PRIOR TO THE TIME OF THE OCCURENCE IN WHICH SAID PARTICIPANT WAS INJURED.

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.

X
SIGNATURE OF APPLICANT

X
POSITION

DATE:

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