

SECTION 1: APPLICANT INFORMATION

1. Official / Legal Name of Organization:

2. Address:

	Street Number	Street Name	Apartment / Suite Number
City:	Province:	Postal Code:	

3. Phone: Fax:

4. Website Address :

5. Will you require an Additional Insured to be added to the policy? Yes No
 If "Yes", please provide name and mailing address:

SECTION 2: INSURANCE INFORMATION

1. Policy period From: To:

2. Limit required: \$1,000,000 \$2,000,000 \$5,000,000 Other

3. Are you aware of any incident which may result in a claim against you? Yes No
 If "Yes", please provide details:

4. Previous Carrier: Renewal Offered? Yes No
 If "No", please explain in detail the reason for non-renewal:

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

Coverage	Limit Carried	Premium	Total Losses
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SECTION 3: UNDERWRITING INFORMATION

1. Type of Sport: Baseball Softball Volleyball Track and Field

2. Years the organization has been operating:

3. Organization is a: League Association Team
4. Affiliations: Provincial National
5. Number of / locations / complete address of:
 a) Practices:
 b) Contests:
 c) Exhibition games:
 d) Tournaments:
6. Are all practices, contest, exhibition games and other events sanctioned and supervised by the organization?
 Yes No
7. Number of Participants:
 Under 13 _____ Ages 13-18 _____
 Ages 19-35 _____ Ages 35 and over _____
8. Total number of:
 Coaches _____
 Teams _____
 Volunteers _____
 Directors _____
 Referees _____
9. Percentage of Female Participants: _____ Male Participants: _____
10. List any special events taking place during policy period:
11. Will there be any travel outside of Canada? Yes No
12. Confirm all players are Canadian: Yes No
13. Are you affiliated with Summer AAA Leagues or Tournaments? Yes No

SECTION 6: ABUSE DEFENCE COST QUESTIONNAIRE

1. Please provide details in any previous abuse claims, including settlement amounts or reserves.
2. Are you aware, or been made aware, of any possible abuse claims that may arise over the next 12 months?

*Any pending abuse claims or possible pending claims know to the insured prior to the effective date of this policy is excluded.

**There is a minimum \$2,500 legal expense coverage for abuse (as defined by the wordings) inclusive in this policy. Greater amounts in \$3,000 increments can be purchased up to \$25,000.

SECTION 7: OTHER INFORMATION

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

2. To assist us in becoming more knowledgeable about your association we require the following information:
- a) Copy of your letter patent (if incorporated)
 - b) Copy of insurance face sheet from current insurer
 - c) Copy of registration form
 - d) Copy of any waiver/release forms in use
 - e) Copy of rules of the game and penalty rules
 - f) Copy of Financial Statements and by-laws

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 Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION	
Agent Name:	Address:
Broker Name:	City:
E-Mail:	Province:
Phone:	Postal Code:
Fax:	