

**SECTION 1: APPLICANT INFORMATION**

1. Official / Legal Name of Organization:
  
  2. Address:
 

	Street Number	Street Name	Apartment / Suite Number
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  3. City:                      Province:                      Postal Code:
  
  4. Phone:                      Fax:
  
  5. Website Address :
  
  6. 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 |
|----------|---------------|---------|--------------|

**SECTION 3: UNDERWRITING INFORMATION**

1. Name of association/federation affiliated with:
  
  2. Are you a non profit organization?  Yes  No
- If "Yes", please give the name of the organization

3. Is the premises where you operate from:  Owned by you  Rented from someone  
 Sub-leased by you
4. Is your facility licensed for all activities that you conduct?  Yes  No  
 If "No", please explain:
5. Length of time in business at this location: \_\_\_\_\_ years  
 Total experience in this type of business: \_\_\_\_\_ years
6. Sports activity to be insured :
- a)  Baseball  Basketball  Football  Lacrosse  Rugby  
 Softball  Field Hockey  Ice Hockey  Soccer  Volleyball  
 Curling  Track and Field  Other
- b)  Team  League  School  Club  Other
7. a) **League (if applicable):**
- Number of teams: \_\_\_\_\_ Number of practices: \_\_\_\_\_  
 Number of games: \_\_\_\_\_ Number of tournaments: \_\_\_\_\_
- Number of participants: Under 13 years: \_\_\_\_\_ From 14 to 18 years: \_\_\_\_\_ Over 19 years: \_\_\_\_\_
- Total Number of Participants: \_\_\_\_\_ Ratio of Coaches to participants: \_\_\_\_\_
- b) **Team/School/Club/Other (if applicable):**
- Number of teams: \_\_\_\_\_ Number of practices: \_\_\_\_\_  
 Number of games: \_\_\_\_\_ Number of tournaments: \_\_\_\_\_
- Number of participants: Under 13 years: \_\_\_\_\_ From 14 to 18 years: \_\_\_\_\_ Over 19 years: \_\_\_\_\_
- Total Number of Participants: \_\_\_\_\_ Ratio of Coaches to participants: \_\_\_\_\_
- c) **Tournaments (if applicable):**
- Number of teams: \_\_\_\_\_ Number of practices: \_\_\_\_\_  
 Number of games: \_\_\_\_\_ Number of tournaments: \_\_\_\_\_
- Number of participants: Under 13 years: \_\_\_\_\_ From 14 to 18 years: \_\_\_\_\_ Over 19 years: \_\_\_\_\_
- Total Number of Participants: \_\_\_\_\_ Ratio of Coaches to participants: \_\_\_\_\_
8. Are all activities and scrimmages NON Contact?  Yes  No
9. Are all the participants members of the applicant's league?  Yes  No  
 If "No" please provide number of non-members. \_\_\_\_\_  
 Will non-member teams be required to provide proof of insurance?  Yes  No
10. Specify level of play:  
 Min Novice  Novice  Min Atom  Atom

- Min Peewee       Peewee       Min Bantam       Bantam  
 Adult Recreation       Professional       Other: \_\_\_\_\_

11. Please indicate the number of following :

Paid Coaches: \_\_\_\_\_ Volunteer Coaches: \_\_\_\_\_ Umpires/Officials: \_\_\_\_\_ Other Volunteers: \_\_\_\_\_

12. Are all employees covered under WSIB?  Yes  No  N/A

If "No", please list numbers by job description and estimated payroll;

Total payroll: \$ \_\_\_\_\_ Number of Employees: \_\_\_\_\_

13. Do certified officials referee all competitive play?  Yes  No

14. Are all coaches/instructors certified?  Yes  No

If "Yes", by whom:

Describe the experience/qualifications of the team/coaches/instructors:

Are the coaches/instructors trained /certified in CPR of First-Aid?  Yes  No

15. Will there be any player billeting?  Yes  No

If "Yes", provide details:

16. Will there be any U.S.A. operations, exposures, players and/or travel?  Yes  No

If "Yes", provide details, including the number of days and the number of games played in the U.S.A.

17. Confirm that all students/participants are Canadian?  Yes  No

18. Outline the type of facility where your sport is played:

19. Who is responsible for the following? (check one)

Risk	Applicant	Sub-Contracted	Other	If Other Please Specify
Management of Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concession sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Off premises catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

20. Do you provide services to other business as a sub-contractor?  Yes  No

21. Have you signed any agreements assuming liability including care custody or control of any premises?  Yes  No

If "Yes", please give details and provide copies:

22. Provide details, if any, on any liquor exposure:

23. Provide details on fundraising activities:

#### SECTION 4: PARTICIPANTS SAFETY

1. Is a disciplined policy in place and enforced?  Yes  No
2. Is approved protective gear required?  Yes  No
3. Is a sports accident and injury policy in effect?  Yes  No
4. Is an injury report form completed after any incident (attach sample)?  Yes  No
5. Is the chief instructor/coach present at all games?  Yes  No
6. Do you have a First-aid station at your premises?  Yes  No

Who staffs the station?

Is there an attendant on duty at all times?

What are the response times for the following?

Fire station: \_\_\_\_\_ Police: \_\_\_\_\_ Ambulance: \_\_\_\_\_

7. Describe the precautions taken to avoid slips and falls at entrances in all weather conditions?
8. Are shower areas covered with non-slip floor covering materials?  Yes  No
9. Are the parking lots well-lit and patrolled?  Yes  No
10. Describe the participant management procedures adapted by you.
11. Describe actions taken and decisions made to avoid specific hazards by you. (i.e. things you do or do not do)
12. Describe actions taken and decisions made to reduce the frequency of accidents by you (preventing incidents).
13. Describe actions taken and decisions made to reduce the severity of accidents by you. (i.e. reducing the impacts of an incident).

#### SECTION 5: AUTOMOBILE EXPOSURE

1. Do you transport equipment and participants with your own or leased vehicles?  Yes  No  
If "Yes" please explain:
2. Limits of Insurance carried: \$\_\_\_\_\_
3. Average lengths of road or vehicle travel: \_\_\_\_\_ kilometres or \_\_\_\_\_ miles.
4. Type of road used :  Highway  Rural  City Routes  Off-road
5. Do you have any owned or leased vehicles inspected by a qualified mechanic?  Yes  No
6. Do you have a regular maintenance program in place to ensure standard vehicle safety?  Yes  No
7. Do participants use their own vehicle(s) as well?  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 policies and procedures;
- b) Information booklet on your sport;
- c) Copy of waiver, registration form and injury report.

**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:

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