****

**SPORTS ORGANIZATION, ASSOCIATION, OR LEAGUE INSURANCE APPLICATION**

**General Information:**

|  |  |
| --- | --- |
| 1. Name of Insured: |  |
| 2. Mailing Address: |  |
| 3. Risk Address: |  |
| 4. Contact Name: |  |  Title: |  |
| 5. Type of Sport: |  |  Web Site: |  |
| 6. Applicant is: ❑ Individual ❑ Corporation ❑ Partnership ❑ Other: |  |
| 7. Location(s) are: ❑ Owned ❑ Rented/Leased **If Leased/Rented, include copy of agreement** |
| 8. Number of years in operation:  |  |  with current management: |  |
| 9. Type of Organization: ❑ Team ❑ League ❑ Athletic Association ❑ Provincial Association  ❑ National Governing Body |

**Current/Most Recent Coverage Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Insurance Company: |  |  |  Dates of Coverage:  |  |
| Was Athletic Participants Coverage Included? ❑ Yes ❑ No |
| Any losses in the past five years? ❑ Yes ❑ No |  If Yes, Attach Loss Record for the Past Five Years  |
| Has any form of Insurance ever been cancelled/declined? ❑ Yes ❑ No If “Yes”, please provide details: |  |
| Requested Effective Date: |  |  Expiry Date: |  |

**Desired Coverages:**

|  |  |  |  |
| --- | --- | --- | --- |
| Desired Limit of Liability: |  | Deductible: |  |
| Property: |  |  | Equipment: |  |
| Non-Owned Auto: Limit: |  | Average Auto Value: |  | Estimated # of Days Rented: |  |

**If Property Coverage is required (other than Inland Marine/Transit) attach the Supplemental Property Application**

|  |
| --- |
| Do you require Athletic Participants Coverage? ❑ Yes ❑ No If Yes, please answer a) b) and c): |
|  a) Will Participants be covered by medical insurance? ❑ Yes ❑ No Limits:  |  |
|  b) Does the Insured require signed waiver/release forms prior to participation in sport? ❑ Yes ❑ No |
| **If Yes, Please attach a copy of the Waiver/Release Forms used** c) Does the Insured require Legal Guardians to sign the waiver/release forms of minor players? ❑ Yes ❑ No |

**General Operating Information:**

|  |
| --- |
| 1. Are you under the jurisdiction of a governing body? ❑ Yes ❑ No |
|  If Yes, what organization:  |  |
|  Is this a national, regional or local governing body? |  |
|  Is every league within this body required to provide liability insurance? ❑ Yes ❑ No |
|  What rules and regulations are used?  |  |
| **Please attach a copy of the rules and regulations to which your organization adheres** |

2. Total Membership:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Participants: | Total |  | Females |  | Males |  |
|  Age 9 and under |  |  |  |  |  |  |
|  Age 10 to 12 |  |  |  |  |  |  |
|  Age 13 to 15 |  |  |  |  |  |  |
|  Age 16 to 18 |  |  |  |  |  |  |
|  Age 18 to 45 |  |  |  |  |  |  |
|  Age 45 and over |  |  |  |  |  |  |
| **If Participants are under the Age of 18, Please attach supplemental Sexual Abuse Information Application** |
| Total Player Participants: |  | Total Non-Player Participants: |  |
| Average Number of Participants Per Event: |   |
| Estimated Number of Spectators for Season: |  |
| Number of: Teams: |  |  Games: |  |  Volunteers: |  |  Coaches: |  |
| 3. Are coaches certified? ❑ Yes ❑ No If Yes, by whom? |  |
| 4. Are officials/referees certified? ❑ Yes ❑ No If Yes, by whom? |  |
| 5. Does your organization impose a code of conduct for the coaches? ❑ Yes ❑ No **If Yes, please attach a copy** |
| 6. Does your organization have a written policy regarding the hiring of coaches? ❑ Yes ❑ No **If Yes, please attach**  |
| 7. How are the participants transported to events? |  |
|  If Buses are used, does the bus company provide a certificate of insurance? ❑ Yes ❑ No |
| 8. Is there a written safety program? ❑ Yes ❑ No  **If Yes, please attach a copy**  |

|  |
| --- |
| 1. What safety gear does your organization require:
 |
| 1. Helmets?

If so, are they D.O.T. approved?1. Shoulder Pads?
 | ❑ Yes ❑ No❑ Yes ❑ No❑ Yes ❑ No | 1. Hip, Tail, Thigh, Knee Pads?
2. Mouthguards?
 | ❑ Yes ❑ No❑ Yes ❑ No |
|  Please list all other gear used: |  |
| 10. Are spikes or cleats permitted? ❑ Yes ❑ No |

**Facilities**

|  |  |
| --- | --- |
| 1. Describe the type of facility where the sport is played: |  |
| ❑ Privately Owned (rented by organization) ❑ Organization Owned ❑ Municipality Owned |
| **If Rented, Please attach a copy of the Lease Agreement** |
|  2. How many fields/facilities are used: |  |
| 3. Are fields/facilities inspected prior to play? ❑ Yes ❑ No If Yes, by whom? |  |
| 4. Does the field/facility contain bleachers? ❑ Yes ❑ No If Yes, are they: ❑ Permanent ❑ Portable |
|  If Permanent, When were they installed? |  | What is their construction? |  |
|  How often are they inspected? |  |  By whom? |  |
| 5. Describe any safety precautions for spectator protection: |  |
|  |  |
| 6. Describe any precautions to prevent unauthorized persons from entering restricted areas or interfering with play: |
|  |  |
| 7. Describe security/evacuation procedures for games, championships, tournaments etc.: |  |
|  |  |
| 8. Is alcohol sold at the facility? ❑ Yes ❑ No **If Yes, please attach the Liquor Liability Application** |
| 9. Does the organization require emergency medical personnel on site at major events? ❑ Yes ❑ No  |
| 10. Does the organization require persons certified in First Aid and CPR onsite or immediately available at all times?  ❑ Yes ❑ No  |
| 11. How far is the nearest medical facility? |  |

**Ancillary Activities**

|  |
| --- |
| 1. Are there any training activities that are not directly connected with your sport? ❑ Yes ❑ No  |
|  If Yes, please explain:  |  |
| 2. Do you sponsor camps or have any traveling teams? ❑ Yes ❑ No If Yes, explain: |  |
|  |  |
| 3. Number of trips to the U.S. during policy term: |  |   To other locations: |  |
| 4. Any overnight travel? ❑ Yes ❑ No If Yes, how often? |  |
|   Who arranges overnight travel? |  |
| 5. Describe any other ancillary activities, including social/special events (other than fundraising): |  |
|  |  |
|  |  |

**Fundraising**

|  |  |
| --- | --- |
| 1. Describe fundraising activities: |  |
|  |  |
| 2. Annual receipts from fundraising: |  |
| 3. Do you operate concessions? ❑ Yes ❑ No If Yes, what is sold? |  |
|  If Yes, what are the annual receipts (excluding liquor)? |  |

**Please list the organizations that require a Certificate of Insurance from you (*As they are to appear on the policy*)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME |  | ADDRESS |  | RELATIONSHIP TO YOU\* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Please attach the following information to this application:**1. Loss runs for the previous five years
2. Copies of written regulations to which the Organization adheres.
3. Copies of codes of conduct and other policies to which the Organization adheres
4. Brochures and Promotional Material about the Organization
5. Copy of all releases/waivers signed by participants and guardians
 |  |  |

**THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:**

1. Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
2. The signing and filing of this application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response thereto.
3. All exclusions in the Policy apply regardless of any answers or statements in this Application.
4. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature:  |  |  Date: |  |
| Title: |  |  Phone: |  |
| Agent/Broker: |  |  Phone: |  |