[Commercial Lines]

SPORTS TEAMS, LEAGUES & SCHOOLS APPLICATION

canSURE

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[Commercial Lines]

SPORTS TEAMS, LEAGUES & SCHOOLS APPLICATION

Reset Form

PART 1 GENERAL INFORMATION

Broker: Broker Phone:

Broker Contact: Broker Email:

Legal Name:

Operating Name

Address:

Website: Tel: Email:

Contact Person: Position:

Desired Effective Date: DD/MM/YY Expiry Date: DD/MM/YY

Limits of Insurance Required: ☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000 ☐ Other: $

Please describe type(s) of sport(s) played: *(Please note whether contact or non-contact sport)*

Type of Organization: ☐ Team ☐ League ☐ Association ☐ School

Number of years in existence: Total number of Players / Members:

Number of Coaches: Number of Staff: Number of Volunteers:

Previous Insurer:

Has any Insurer cancelled, declined or refused you coverage? ☐ Yes ☐ No Expiring Premium: $

If "Yes" to above, please provide details

PART 2 LOSS HISTORY

Check here ☐ if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS DD/MM/YY	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	CLOSED – YES/NO
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Please attach any available insurance company loss reports with this application

PART 3 ADDITIONAL INFORMATION

Location of Playing Fields (Full Legal Address):

Postal Code:

If Landlord is required to be shown as an Additional Insured, please provide Legal Name and Address:

Postal Code:

What is your operating budget? $

Do you have Fund Raisers, Special Events (Non-Sport) and other functions? ☐ Yes ☐ No If "Yes", please describe below:

Is alcohol served or sold at any of these events? ☐ Yes ☐ No

Are Games played: ☐ Indoors ☐ Outdoors ☐ Both Indoors and Outdoors

Are there Referees **AT ALL TIMES**? ☐ Yes ☐ No

Please describe any obstacles:

Are Spectators protected by nets or other barriers? ☐ Yes ☐ No

PART 4 EQUIPMENT AND SAFETY

Are all Members required to sign Waivers? ☐ Yes ☐ No

Please clearly detail your process and procedures for having Members sign waivers, including who is responsible for this:

Please provide sample copy of a Waivers, Rules and By-Laws

Is all equipment checked before each game? ☐ Yes ☐ No

Are Safety Rules and Procedures clearly posted on premises? ☐ Yes ☐ No

Is there someone with CPR/First Aid and/or a First Aid Kit on site? ☐ Yes ☐ No

Is any alcohol sold, served, or consumed at games? ☐ Yes ☐ No If "Yes", please provide details below:

Please note any additional pertinent information in the space provided below:

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

1) An applicant for a contract:
   a) Gives false or erroneous information to the prejudice of the insurer, or
   b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2) The Insured contravenes a term of the Contract or commits a fraud; or
3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: Position:

Please print name: Date:

BROKER DECLARATION

How long have you known this applicant?

Is this account new or renewal to you?

Have you personally viewed the applicants operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this applicant?

Broker's Signature: Position:

Please print name: Date:

SUBMIT