# Brokerage Name:

# Broker Telephone:       Fax:       E-mail:

|  |  |
| --- | --- |
| Business Name: |  |
| Location Address: |  |
|  | City:  | Prov.:  | P.C.: |
| Mailing Address: |  |
|  | City:  | Prov.:  | P.C.: |
| Owner/Operator: |  | Bus.#: | ( ) - | Fax: | ( ) - |
| Email: |  | Cell #: | ( ) - | Res.#: | ( ) - |
| Alternate Contact: (If Applicable) |  | Phone: |  | Email: |  |

|  |  |
| --- | --- |
| **Expiry Date of Current Policy:**  | **Current Insurance Company:** |
| **Number of years in business?** | **Have you ever been cancelled for nonpayment?** |  |

**LIABILITY INFORMATION**

**Liability Limit Requested:** [ ]  **$2,000,000** [ ]  **$3,000,000** [ ]  **$4,000,000** [ ]  **$5,000,000**

|  |  |  |  |
| --- | --- | --- | --- |
| No. of Members: |       | Registration Fee:  |       |

**ANNUAL RECEIPTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Membership | $       | Clothing | $       | Supplement | $       |
| Alcohol  | $       | Food | $       | Other | $       |
| **TOTAL GROSS ANNUAL RECEIPTS: $** |

**DESCRIPTION OF OPERATIONS**

**SPORT/ACTIVITY INFORMATION**

|  |
| --- |
| Describe the sport or activities:       |
| Total number of competitive teams:       | Total number of recreational teams:        |

**PARTICIPANT INFORMATION**

|  |
| --- |
| Provide the number of participants in each age category below:  |
| Ages 0 – 17: |       | Ages 18 & up: |       |
| Do you provide transportation to any participants for practices/games/events? |  |
| Do all participants sign a waiver or consent form? (Must attach) |  |

#

**COACHES/VOLUNTEERS**

|  |  |
| --- | --- |
| Provide the number of paid &/or volunteer coaches/organizers: |  #  |
| Provide the number of paid &/or volunteer trainers: |  #  |

# EVENT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Provide number of tournaments: |       | How many tournaments will you be hosting? |       |
| Describe precautions being done to protect the safety of spectators:       |
| Describe precautions taken to prevent unauthorized persons from entering restricted areas:       |
| Do you have a safety or injury program in place?       |
| Any events/tournaments/games held in USA? |  | Describe:       |
| Any social events/fundraisers? |  | Describe:       |

#

**ADDITIONS TO THE POLICY:**

**[ ]  ADDITIONAL INSURED**

(i.e.: landlord)

[ ]  **LOSS PAYEES**

(i.e.: financing, leases, etc.)

**CLAIMS HISTORY:**

Has the company &/or staff had claims against them in last 5 years? ,

If yes please list details:

Date Of Loss: Payout:

Expenses:

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms. I understand that any forms or other material submitted with the application constitute part of my application for insurance. I further understand and agree that any misrepresentation or failure to provide true and accurate information may result in the voiding of and/or denial of claims under any policy issued at the option of the company.

Applicant: Signature: Title: Date: