# 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: