

SPORT EVENTS
SHORT-TERM * SEASONAL * ALL SEASON
LIABILITY INSURANCE
APPLICATION

PART 1: GENERAL INFORMATION

Name of Team or Applicant: _____

Name of Tournament (if applicable): _____

Mailing Address: _____

City/Province: _____ Postal Code: _____

Contact Name: _____ Email: _____

Telephone: () _____ Facsimile: () _____

PART 2: UNDERWRITING INFORMATION

Describe Sport / Event: _____

Insurance is for: Group Team League Tournament School

Location of Sport / Event: _____

Effective Date : From _____ Time _____

To _____ Time _____

****COMPLETE BELOW FOR SHORT-TERM SPORT EVENT ONLY****

Please provide the following information about the daily activities and estimated attendance:

	Main Activity	Estimated Attendance	Other Activities	Total Attendance
Day 1				
Day 2				
Day 3				
Day 4				

* Attach separate sheet for events beyond four days or to provide more detail

Total number of Players / Participants		Total number of volunteers	
Total number of Coaches		Total number of directors	
Total number of Teams		Total number of Referees	



Are you serving or providing alcoholic drinks at any time? Yes: No:

When? _____

Name & Address of Liquor Permit Holder: _____

Previous Experience producing this type of event: _____

Will grandstands or bleachers be used? Yes: No:

If yes, describe construction: _____

Capacity: _____ Condition: _____

Describe safety measures and risk management plans in force, i.e. parking, traffic, security, supervision, first aid, emergency evacuation procedures, etc. _____

PART 3: COVERAGE REQUIREMENTS

Limit Requested: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Has any company previously declined or cancelled any insurance coverage? Yes: No:

Previous Insurer: _____

Name & Policy Number: _____

Previous Premium: _____

Previous Loss History in the past five years: _____

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on the issuance of a policy or written binder specifically authorized by the Company or Agency. Quotations will be based upon the information provided and the applicant warrants that this information is true.

Authorized Signature: _____

Please Print Name: _____

Position or Title: _____ Date: 2/