



- c) Exhibition games: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- d) Tournaments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Are all practices, contest, exhibition games and other events sanctioned and supervised by the organization? YES NO
4. Number of Participants:  
 Under 13 \_\_\_\_\_ Ages 13-18 \_\_\_\_\_  
 Ages 19-35 \_\_\_\_\_ Ages 35 and over \_\_\_\_\_
5. Total number of:  
 a) Coaches \_\_\_\_\_  
 b) Teams \_\_\_\_\_  
 c) Volunteers \_\_\_\_\_  
 d) Directors \_\_\_\_\_  
 e) Referees \_\_\_\_\_
6. Percentage of Female Participants: \_\_\_\_\_ Male Participants: \_\_\_\_\_
7. List any special events taking place during policy period: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Will there be any travel outside of Canada? YES NO
9. Confirm all players are Canadian: YES NO
10. Are you affiliated with Summer AAA Leagues or Tournaments? YES NO
11. Additional Information/remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INFORMATION REQUIRED FROM YOU**

- Copy of your letter patent (if incorporated)
- Copy of insurance face sheet from current insurer
- Copy of registration form
- Copy of any waiver/release forms in use
- Copy of rules of the game and penalty rules
- Copy of Financial Statements and by-laws

**Additional Insurance Coverage we can provide for you (if required)**

Property & Crime	Sports Liability	Special Event
Directors & Officers	Hole In One	Sports Accident

**SECTION 4: DECLARATION**

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding my personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree on their behalf.

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks\* until accepted by Cambrian Special Risks\* but that the information contained herein shall be the basis of the contract, should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/yr)

Brokerage: \_\_\_\_\_ Broker Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_