



4. Is your facility licensed for all activities that you conduct?  Yes  No

If "No", please explain:

5. Length of time in business at this location :        years

Total experience in this type of business:        years

6. Sports activity to be insured :

a)  Baseball        Basketball        Football        Lacrosse    Rugby  
 Softball        Field Hockey    Ice Hockey    Soccer    Volleyball  
 Curling        Track and Field    Other

b)  Team        League        School        Club        Other

7. a) **League (if applicable):**

Number of teams:        Number of practices:        Number of games:        Number of Tournaments:

Number of participants: Under 13 years        From 14 to 18 years:        Over 19 years:

Total Number of Participants:        Ratio of Coaches to participants:

b) **Team/School/Club/Other (if applicable):**

Number of teams:        Number of practices:        Number of games:        Number of Tournaments:

Number of participants: Under 13 years        From 14 to 18 years:        Over 19 years:

Total Number of Participants:        Ratio of Coaches to participants:

c) **Tournaments (if applicable):**

Number of teams:        Number of practices:        Number of games:

Number of participants: Under 13 years        From 14 to 18 years:        Over 19 years:

Total Number of Participants:        Ratio of Coaches to participants:

8. Are all activities and scrimmages NON Contact?  Yes  No

9. Are all the participants members of the applicant's league?  Yes  No

If "no" please provide number of non-members.

Will non-member teams be required to provide proof of insurance?  Yes  No



20. Do you provide services to other business as a sub-contractor?  Yes  No.
21. Have you signed any agreements assuming liability including care custody or control of any premises?  
 Yes  No
- If "Yes", please give details and provide copies:
22. Provide details, if any, on any liquor exposure:
23. Provide details on fundraising activities:
24. To assist us in becoming more knowledgeable about your association we require the following information:
- Copy of your policies and procedures;
  - Information booklet on your sport;
  - Copy of waiver, registration form and injury report.

#### SECTION 4: PARTICIPANTS SAFETY

- Is a disciplined policy in place and enforced?  Yes  No
- Is approved protective gear required?  Yes  No
- Is a sports accident and injury policy in effect?  Yes  No
- Is an injury report form completed after any incident (attach sample)?  Yes  No
- Is the chief instructor/coach present at all games?  Yes  No
- Do you have a First-aid station at your premises?  Yes  No

Who staffs the station?

Is there an attendant on duty at all times?

What are the response times for the following?

Fire station:

Police:

Ambulance:

- Describe the precautions taken to avoid slips and falls at entrances in all weather conditions?
- Are shower areas covered with non-slip floor covering materials?  Yes  No
- Are the parking lots well-lit and patrolled?  Yes  No
- Describe the participant management procedures adapted by you.
- Describe actions taken and decisions made to avoid specific hazards by you. (i.e. things you do or do not do)

12. Describe actions taken and decisions made to reduce the frequency of accidents by you (preventing incidents)
13. Describe actions taken and decisions made to reduce the severity of accidents by you. (i.e. reducing the impacts of an incident)

#### SECTION 5: AUTOMOBILE EXPOSURE

1. Do you transport equipment and participants with your own or leased vehicles?  Yes  No

If "Yes" please explain:

2. Limits of Insurance carried: \$
3. Average lengths of road or vehicle travel:                      kilometres or                      miles.
4. Type of road used :     Highway    Rural     City Routes     Off-road
5. Do you have any owned or leased vehicles inspected by a qualified mechanic?  Yes  No
6. Do you have a regular maintenance program in place to ensure standard vehicle safety?  
 Yes  No
7. Do participants use their own vehicle(s) as well?  Yes  No

#### SECTION 6: ABUSE DEFENCE COST QUESTIONNAIRE

1. Please provide details in any previous abuse claims, including settlement amounts or reserves.
2. Are you aware, or been made aware, of any possible abuse claims that may arise over the next 12 months?

\*Any pending abuse claims or possible pending claims known to the insured prior to the effective date of this policy is excluded.

\*\*There is a minimum \$2,500 legal expense coverage for abuse (as defined by the wordings) inclusive in this policy. Greater amounts in \$3,000 increments can be purchased up to \$25,000.

#### SECTION 7: OTHER INFORMATION

1. Please provide any other information you feel would assist in the evaluation of your application:

**SECTION 8: DECLARATION**

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/Echelon until accepted by Cambrian Special Risks/Echelon 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:

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	