

## Sports Accident Insurance Application

League     
  Team     
  Club     
  Association

Sport(s): .....

Name of League, Team, Club or Association: .....

Address of League, Team, Club, Association or Manager: .....

Location of Team, Club or Association: .....

League Affiliation: .....

Number of Participants, broken down as follows:

Age:	12 & Under	13 to 16	17 & 18	Over 18		
	.....	.....	.....	.....	<b>SubTotal</b>	.....

Position:	Managers	Coaches	Officials	Administrators		
	.....	.....	.....	.....	<b>SubTotal</b>	.....

**Total** \_\_\_\_\_

Date of First Practice (D/M/Y): ..... Date Season Ends (D/M/Y): .....

It is agreed that any claim form when presented will certify that the claimant was actually injured while playing, practicing or travelling as a member of the above league, team, club or association.

Enclosed is a \$ ..... cheque or money order to cover all participants outlined above.

Signature of Manager or Sponsor .....

Date (D/M/Y) ..... Telephone: (     ) .....

**Notes:** If more than one sport is involved kindly provide detailed data for each sport.

- 8% PST applies to the premium in Ontario
- 9% PST applies to the premium in Quebec

**Cambrian Special Risks\***

(\*a division of Cambrian Insurance)

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