

## SPORTS ORGANIZATIONS LIABILITY QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS  
 IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"

1. **Official name of organization:** \_\_\_\_\_  
 \_\_\_\_\_

2. **Contact name:** \_\_\_\_\_

3. **Mailing address** \_\_\_\_\_  
 \_\_\_\_\_

**Website Address:** \_\_\_\_\_

4. Policy period From: \_\_\_\_\_ To: \_\_\_\_\_

5. Coverage required: \_\_\_\_\_ Limit required: \_\_\_\_\_

6. Number of years in operation? \_\_\_\_\_

7. Sports activity to be insured:

- a)  Baseball     Basketball     Football     Lacrosse     Rugby     Soccer  
 Volleyball     Field Hockey     Rollerblade Hockey     Other: \_\_\_\_\_

- b)  Team     League     School     Club     Other: \_\_\_\_\_

8. Any games/tournaments outside of Canada? \_\_\_\_\_

9. Advise number of:

Total participants/members: \_\_\_\_\_

Ages: \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_  
 Ages: \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_  
 Ages: \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_

Teams/Clubs: \_\_\_\_\_

Paid Coaches/Instructors: \_\_\_\_\_

Volunteer Coaches: \_\_\_\_\_

Umpires/Officials: \_\_\_\_\_

Other types of volunteers: \_\_\_\_\_

Umpires/Officials: \_\_\_\_\_

Are all employees covered under WSIB?

Yes     No

If no, please list numbers by job description and estimated payroll:

Total payroll : \$ \_\_\_\_\_

No. of Employees : \_\_\_\_\_

10. Are independent contractors used for any operations? .....  Yes  No  
If so, please specify receipts and activity: \_\_\_\_\_  
\_\_\_\_\_

Is proof of insurance obtained from contractor? .....  Yes  No  
If "no", please explain: \_\_\_\_\_

If "yes", please provide what limits they are required to provide: \$ \_\_\_\_\_

Does Applicant have any agreements assuming liability? .....  Yes  No  
If so, please describe and provide copies. \_\_\_\_\_  
\_\_\_\_\_

11. Are all coaches/trainers certified? .....  Yes  No  
If "yes", by whom: \_\_\_\_\_

12. Describe experience of instructors, coaches and/or trainers: \_\_\_\_\_  
\_\_\_\_\_

13. Description of facility where sport is played: \_\_\_\_\_  
What facilities are available for spectators? \_\_\_\_\_

Does the Insured have any premises under their care, custody or control? .....  Yes  No  
If "yes", describe: \_\_\_\_\_

14. Affiliations: a) National: \_\_\_\_\_  
b) International: \_\_\_\_\_

Is any liability assumed under contract? (If yes, provide details and a copy of the contract):  
\_\_\_\_\_  
\_\_\_\_\_

15. Please list those entities which you are **contractually obliged** to list as an Additional Insured (including address):

16. Is a sports accident and injury policy in effect? .....  Yes  No

17. Is an injury report form completed after any/all accidents? .....  Yes  No

18. Is first aid available? .....  Yes  No

If "yes", by whom provided? \_\_\_\_\_ Qualifications: \_\_\_\_\_

19. Are waivers signed? **If so, please attach a copy** .....  Yes  No

20. Any auxiliary activities to be covered? .....  Yes  No

21. Is participation in the insurance program mandatory for members? .....  Yes  No

Is optional, approximately how many members participate in the program? ..... \_\_\_\_\_

22. Total number of sanctioned events to be held during policy term? ..... \_\_\_\_\_

Average number of events per season:

a) Local - \_\_\_\_\_ b) Provincial - \_\_\_\_\_ c) National - \_\_\_\_\_ d) International - \_\_\_\_\_

23. Explain sanctioning procedures (please attach any relevant documents):

\_\_\_\_\_

24. Any hosted invitational tournaments planned? .....  Yes  No

If "yes", Total number of players: \_\_\_\_\_ Total number of teams: \_\_\_\_\_ Total games played: \_\_\_\_\_

Are all participants members of Insured's league?  Yes  No If "no", number of non-members: \_\_\_\_\_

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

25. Any U.S. operations or exposures? .....  Yes  No

If "yes", describe in detail including number of days and number of games played in U.S.A.:

\_\_\_\_\_

\_\_\_\_\_

26. Any players billeting? .....  Yes  No

If "yes", describe: \_\_\_\_\_

27. Describe transportation used: \_\_\_\_\_

28. Any fundraising activities?.....  Yes  No

If "yes", describe: \_\_\_\_\_

29. Any banquets? .....  Yes  No

If "yes", describe: \_\_\_\_\_

30. Any liquor exposure? .....  Yes  No

If "yes", describe: \_\_\_\_\_

31. Does Applicant presently carry insurance?.....  Yes  No

a) If "yes", present Insurer: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Is present insurance Claims Made?  Yes  No If "yes", state retrodate:.... \_\_\_\_\_

b) Are they willing to renew?.....  Yes  No

If "no", please explain: \_\_\_\_\_

c) Does the policy cover all operations of the Insured?.....  Yes  No

If "no", please describe: \_\_\_\_\_

**32. Claims History:**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  Yes  No

If yes, give details: \_\_\_\_\_

**33. Non-Owned Automobile**

Number of employees using their cars on company business: Regularly \_\_\_\_\_

Occasionally \_\_\_\_\_

Estimated annual cost of hired cars: \$ \_\_\_\_\_

Estimated annual cost of cars operated under contract: \$ \_\_\_\_\_

**34. Accident Prevention and First Aid**

First Aid Post: Doctors: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Nurses: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Fire alarm – other warning systems: \_\_\_\_\_

Is there a security officer or are there loss prevention engineers employed:  YES  NO

Ω Ω Ω Ω Ω Ω Ω Ω Ω

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

**I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.**

DATED: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

<b>BROKER NAME:</b>	_____
<b>ADDRESS:</b>	_____ _____ _____
<b>PHONE NO.:</b>	_____
<b>FAX NO.:</b>	_____

Email Form

Print Form