

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: _____

BROKER NAME:	_____
ADDRESS:	_____ _____ _____
PHONE NO.:	_____
FAX NO.:	_____

Email Form

Print Form