

HOCKEY LIABILITY QUESTIONNAIRE (Amateur Only)

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

1. **Name of Applicant:** _____

2. **Contact Name:** _____

3. **Mailing address:** _____

Website Address: _____

4. Policy period required: **From:** _____ **To:** _____

5. Description of operations: _____

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

7. Is an injury report form completed after any/all accidents? **(Attach sample)** Yes No

8. Specify level(s) of play:

<input type="checkbox"/> Min. Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Min. Atom	<input type="checkbox"/> Atom
<input type="checkbox"/> Min. Peewee	<input type="checkbox"/> Peewee	<input type="checkbox"/> Min. Bantam	<input type="checkbox"/> Bantam
<input type="checkbox"/> Adult Recreational	<input type="checkbox"/> Other – Describe: _____		

9. Full Contact Non-Contact

10. Number of years in operation?

11. Certified officials referee all competitive play? Yes No

12. Are there any paid officials or employees? Yes No

If "yes", please describe and advise payroll.

13. Describe any contracts or agreement where you assume the liability of others (attach copies if possible).

14. Is the Applicant a team? Yes No

If "yes", number of players: _____ No. of games played: _____ No. of practices: _____

Describe experience/qualifications of team coaches/instructors: _____

15. Is the Applicant a league? Yes No

If "yes", number of teams: _____ Total No. of players: _____ No. of practices: _____

Describe experience/qualifications of team coaches/instructors: _____

16. Is the Applicant a hockey school? Yes No

If "yes", number of participants: _____ No. of games played: _____ No. of practices: _____

Describe experience of instructor(s): _____

Full contact scrimmaging? Yes No Percentage of class time: _____ %

If "yes", describe: _____

17. Any hosted invitational tournaments planned? Yes No

If "yes", total number of players: _____ Total No. of teams: _____ Total games played: _____

Are all participants members of Insured's league? Yes No If "no" No. of non-members: _____

18. 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.:

19. Any players billeting? Yes No

If "yes", describe: _____

20. Describe transportation used: _____

Any fundraising activities? Yes No

If "yes", describe: _____

Any banquets? Yes No

If "yes", describe: _____

Any other social activities? Yes No

Any liquor exposure? Yes No

If "yes", describe: _____

21. If alcohol is served, are all servers required to undergo server intervention courses? Yes No

Does the Insured have any premises under their care, custody or control? Yes No

If "yes", describe: _____

22. C.H.A. sanctioned rules enforced? Yes No
 Is a discipline policy in place and enforced? Yes No
 C.H.A. sanctioned protective gear required? Yes No
 Is ice surface checked and condition documented prior to use? Yes No
23. Does applicant presently carry insurance? Yes No

If yes, who is present insurer? _____

Premium: _____ Limit: _____ Expiry Date: _____

Is present insurance Claims Made? YES NO If Yes, state retro date _____

Are they willing to renew? YES NO

If no, please explain: _____

Does the policy cover all operations of the Insured? YES NO

If no, please describe: _____

24. 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: _____

25. First Aid

Are any of officials or coaches required to have First Aid qualifications? Please describe: _____

Are there written procedures to follow in the event of accident or injury? Please describe and attach copies. _____

Where is the nearest medical facility? _____

How far is it from usual venue? _____

26. Please indicate limit(s) of liability required: _____

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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