

HOCKEY INSURANCE APPLICATION – NON-CONTACT HOCKEY TEAMS

For Amateur, Recreational, Individual Hockey Teams (Up to 20 Players Maximum)

APPLICANT INFORMATION:

Name of Applicant: _____

Name of Team: _____

Effective Date: _____ Expiry Date: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Have you ever had insurance refused or cancelled in the past 3 years? Yes No

Has there been any losses and / or injuries in the past 3 years? Yes No

Previous insurance carrier and premium: _____

SPORT ACTIVITY DESCRIPTION:

Types of Team: _____

Description & Address of Location: _____

Number of Participants 6-12: _____ 13-18: _____ 19 & over: _____

Number of Coaches / officials / referees: _____

Are the coaches industry certified and / or have first – aid qualifications? Yes No

Do you operate to the standards of your provincial sports association? Yes No

Level of Contact: Non-Contact Incidental Contact Full-Contact

Highest Level or Tier of competition: _____

Number of games played: _____ Practices: _____ Tournaments: _____

Do you use a waiver or release, release of liability and assumption of risk management waiver? Yes No

Describe the medical / first aid / safety procedures: _____

Any overnight exposures? Yes No If yes, please provide details: _____

U.S. operations, exposures, players? Yes No If yes, please provide details: _____

Request to Bind

CGL including participant Accident Medical Coverage		
\$2,000,000	\$350	Short Term
\$2,000,000	\$450	Annual Term

**** For contact hockey, limits greater than \$2 million, or more than 20 participants please submit for rating.**

Insurance is not in effect until Premier Canada Underwriter has issued a binder number.

The policy will be subject to a minimum \$1,000 deductible. 15% Broker Commission on Premiums.

Premiums are fully earned and retained once binder number is issued by Premier Canada Underwriters.

BROKER INFORMATION:

Brokerage: _____ Contact: _____

Tel: _____ Fax: _____ Email: _____

Is this an existing account for your brokerage? Yes No

How long have you held this account? _____ Target Premium: _____

Current Insurer: _____ Current Policy #: _____ Expiry: _____

Current Limits: _____

Last date you inspected this risk as the broker: _____ Month: _____ Year: _____

DECLARATION / CONSENT:

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Insured Signature: _____ Date: _____

Broker Signature: _____ Date: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

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