

HOCKEY INSURANCE APPLICATION – NON-CONTACT HOCKEY TEAMS

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

Page 1 of 1

APPLICANT INFORMATION:		
Name of Applicant:		
Name of Team:		
Effective Date:	Expiry Date:	
Mailing Address:		
City:	Province: Postal Cod	de:
Have you ever had insurance refused or ca	incelled in the past 3 years? Yes \(\square \) No \(\square \)	
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:	. 10.10.	10 0 0 0 0 10 1
	nave first – aid qualifications? Yes No	
Do you operate to the standards of your pro		
	-Contact Incidental Contact	Full-Contact □
Highest Level or Tier of competition:	The contact of the co	T dii Oomaaa 🗀
Number of games played:	Practices:	Tournaments:
<u> </u>	liability and assumption of risk management waiver? Yes	
Describe the medical / first aid / safety proc		
Any overnight exposures? Yes \(\) No \(\)	If yes, please provide details:	
U.S. operations, exposures, players? Yes		
Request to Bind	, , , ,	
CGL including participant Accident	Medical Coverage	
OOL including participant Accident	_	
\$2.000.000 \$350	Short Term	
\$2,000,000 \$350 \$2,000,000 \$450	Short Term Annual Term	
\$2,000,000 \$450	Annual Term	mit for rating.
\$2,000,000 \$450 ** For contact hockey, limits greater that		mit for rating.
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