## premier ) canada

<b>SPORTS APPLICATION - SINGLE EVENT (</b>	Class 1)
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TOURNAMENTS – Such as Baseball, Ba	askelball, Flag Foolball, frack	& Field, Dance Com	petitions	
APPLICANT INFORMATION:				
Name of Applicant:				
Operating Name:				
Effective Date: From: Time: AM	1 🗋 PM 🗋	To: Time:		
Mailing Address:				
City:	Province: Po	stal Code:		
Have you ever had insurance refused or cancel	led in the past 3 years? Yes 🗌 No			
Has there been any losses and / or injuries in th	ne past 3 years? Yes 🗌 No 🗌			
Previous insurance carrier and premium:				
	/ to amo must be reported berg	and included in this		
EVENT DESCRIPTION: all participants	/ teams must be reported here	and included in this d	coverage	
Complete Description of Activities:				
Number of games:				
Description & Address of Location:				
Website address for event:		(		
Number of Participants: 6-12:	13-18:	19 & over:		
Number of Teams:	TOTAL number of participants	for the entire policy term:		
Do all participants sign a waiver of release? Ye	es 🔲 No 🛄			
Estimated Number of Spectators:				
Level of sport played is: Amateur-Recreational	· ·	rofessional		
	I Contact 🔲 Full-Contact 🗌			
Do you belong to an association who already pr	rovide liability coverage to you? Yes	No 🗌		
U.S. operations, exposures, players?				
Describe the available medical / first aid / safety	procedures:			
Do you operate to the standards of your province		]		
Is alcohol being served? Yes No If Ye				
Has this event been held before? Yes No	If Yes, for how many years?			
Request to Bind				
CGL including participant Accident Medical Coverage				
\$2,000,000 \$250				
** For limits greater than \$2 million, or more	than 100 participants please subn	nit to Premier 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 issued by Premier Canada Underwriters.				
Premiums are fully earned and retained once	e binder number issued by Premie	r Canada Underwriters.		
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.	aryzing business results. I confil	m that an mulviduals whose personal mormation is	
NOTE: Insurance is not in effect until Premier has issu	ed a binder or policy documents.			
Applicant's Signature:	Date:	Brokerage:		
Broker Signature:	(Print):	Ph#:	Fax #:	

Broker Email:

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 - <u>newbizcommercial@premiergroup.ca</u> **					
Vancouver - T 604.669.5211	F 604.669.2667	London - T 519.850.1610	F 519.850.1614		