premier canada

ORTS APPLICATION - SINGLE EVENT (Cla	ss 2)
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TOURNAMENTS – such as Dodge Ball, E	room Ball, Cycling & Duathlor	ns, Field Hoo	ckey, Footb	all, Recreational Tr	liathlon
APPLICANT INFORMATION:					
Name of Applicant:					
Operating Name:					
Effective Date: From: Time:	AM 🗌 PM 🗌	To:	Time:	АМ 🗌 РМ 🗌	
Mailing Address:					
City:	Province:	Postal Co	de:		
Have you ever had insurance refused or can	celled in the past 3 years? Yes \Box] No 🗌			
Has there been any losses and / or injuries in	n the past 3 years? Yes 🗌 No 🗌]			
Previous insurance carrier and premium:					
EVENT DESCRIPTION: all participan	ts / teams must be reported	here and in	cluded in	this coverage	
Complete Description of Activities:			ola a ca m	and covorage	
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 partici	pants for the	entire policy	term:	
Do all participants sign a waiver of release?	Yes No				
Estimated Number of Spectators:					
Level of sport played is: Amateur-Recreation	al 🔲 Amateur–Competitive 🗌	Professiona	al 🗖		
Level of Contact: Non-Contact I Inciden	tal Contact 🔲 Full-Contact 🗌				
Do you belong to an association who already	provide liability coverage to you?	Yes 🗌 No			
U.S. operations, exposures, players?					
Describe the available medical / first aid / saf	ety procedures:				
Do you operate to the standards of your prov	incial sport association? Yes	No 🗌			
Is alcohol being served? Yes 🗌 No 🗌 If	yes, please submit for referral.				
Has this event been held before? Yes D N	o If yes, for how many years?)			
Request to Bind					
CGL including participant Accident M	Medical Coverage				
\$2,000,000 \$500	Ū.				
** For limits greater than \$2 million, or mo	re than 100 participants please	submit to Pr	emier for ra	ting.	
Insurance is not in effect until Premier Ca	nada Underwriter has issued a k	aindor numb	or		
The policy will be subject to a minimum \$				15.	
Premiums are fully earned and retained o					
DECLARATION / CONSENT:					
PLEASE READ BEFORE SIGNING: A claim will become	me invalid and the Insured's right of recov∉	ery is forfeited wh	nere (a) an App	licant for this contract give	s false particulars to the
prejudice of the insurer or knowingly misrepresents or f to these facts during the term of the contract; (c) the ins					
The Applicants have reviewed all parts and attachment	s of this application and acknowledge that				
based on the truth and completeness of this information The personal information provided in this document and	d in the future including, but not limited to,				
insured's representative or insurance company, subjec insurance and underwriting any such policies, evaluatir					
contained in this document have authorized that I agree NOTE: Insurance is not in effect until Premier has i	e to the above on their behalf.	, , ,			
	source a binder or policy documents.				
Applicant's Signature:	Date:		Broke	rage:	
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 - newbizcommercial@premiergroup.ca **									
Vancouver - T 604.669.5211	F 604.669.2667	London - T 519.850.1610	F 519.850.1614						