

## SPORTS & LEISURE INSURANCE APPLICATION

**THIS APPLICATION IS FOR A COMMERCIAL GENERAL LIABILITY ON AN OCCURRENCE FORM.**

**FOR PURPOSES OF THE *INSURANCE COMPANIES ACT (CANADA)*, THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS' INSURANCE BUSINESS IN CANADA.**

**ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "NONE" TO QUESTIONS WHERE THERE IS NO EXPOSURE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.**

**PLEASE PROVIDE THE FOLLOWING WITH THE APPLICATION:**

**Copy of Waiver/Release Forms**

### 1. GENERAL INFORMATION

- A) Company Name: \_\_\_\_\_  
(Please show complete name as you wish it to appear on the policy)
- B) Address: \_\_\_\_\_  
\_\_\_\_\_
- Web Site Address: \_\_\_\_\_
- C) Year established: \_\_\_\_\_
- D) Requested Effective Date (Activity Start Date): \_\_\_\_\_
- E) Type of Organization: \_\_\_\_\_

### 2. COMPANY INFORMATION

The following activities are deemed as "Covered Activities"

Sport/Activity: \_\_\_\_\_

Please describe the Sport/Activity: \_\_\_\_\_

Do you have any potential for travel to the United States or other foreign locations?  YES  NO

If YES, please provide location(s): \_\_\_\_\_

Total Number of Participants: \_\_\_\_\_

Age of Participants: 12 & Under       13 – 15       16-18       19 & Older

Are waiver / release, or consent forms signed by participants?  YES  NO

Number of Coaches: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Are all coaches certified?  YES  NO

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- A) Maximum number of spectators at any individual event or location: \_\_\_\_\_
- B) What type of security will you be using? \_\_\_\_\_
- C) Estimated Total Gross Receipts: \$ \_\_\_\_\_
- D) Will you be using any pyrotechnics, or use mechanical devices that will be ridden?  YES  NO  
If YES, describe in detail any use of special effects, pyrotechnics, or use of mechanical devices, etc: \_\_\_\_\_  
\_\_\_\_\_
- E) Does any volunteer, owner, coach or official have a criminal record, or has ever had a criminal record?  YES  NO  
If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_
- F) Are any social events (i.e. awards banquets/fundraising activities) being conducted?  YES  NO  
If YES, please explain and advise if any alcohol is being served: \_\_\_\_\_  
Any additional information or remarks that may assist us in evaluating your application, please provide.  
\_\_\_\_\_  
\_\_\_\_\_

**3. PREVIOUS INSURANCE / CLAIM INFORMATION**

- A) Have you had losses (due to liability claims) in the past five (5) years?  YES  NO  
If YES, please describe any losses you have incurred over the past five (5) years, and provide insurance company loss runs: \_\_\_\_\_
- B) Have you ever filed for bankruptcy?  YES  NO  
If YES, please explain: \_\_\_\_\_
- C) Have you ever had insurance Cancelled or Non Renewed for any reason?  YES  NO  
If insurance has been declined or cancelled, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom is excluded from coverage under the proposed insurance.**

**4. NOTICE CONCERNING PERSONAL INFORMATION**

**By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:**

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

**For the purposes identified above, personal information may be disclosed to Creechurch and any affiliated companies and service providers.**

**Further information about Creechurch's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.**

**5. WARRANTY STATEMENT**

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

**SIGNED:**  
**(Authorized Representative)**

**DATED:**

**NAME (Please Print):**

**TITLE/POSITION:**