

Brokerage:		Broker Contact:	
Broker Address:		Email:	
Broker Code:		Effective Date:	
Full Names of All Insureds:			
Name of Principals:			
Mailing Address:			
Risk Address:			
Website Address:			
Underwriting Details:			
1. Number of Participant Members:		2. Estimated Revenue:	
3. Organization Type: <input type="checkbox"/> Team <input type="checkbox"/> League <input type="checkbox"/> Club <input type="checkbox"/> Association <input type="checkbox"/> Studio <input type="checkbox"/> Facility <input type="checkbox"/> Provincial Association <input type="checkbox"/> National Association <i>(Select all that apply)</i>			
4. Affiliations: <i>(Select all that apply)</i> <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International			
Are all activities sanctioned? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If selected 'no', please specify which are not sanctioned:</i>			
4. Fully describe the nature of your Sport & Recreation Event/Team/Association and any auxiliary activities to be covered:			Is your Sport/Activity: <input type="checkbox"/> Contact <input type="checkbox"/> Non-Contact
5. Any of the following events to be insured: Social Events: <input type="checkbox"/> Yes <input type="checkbox"/> No Fund Raisers: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If any of the following options have been selected 'Yes', Please describe in the box below. Please include number of social/fund raiser events/yr*</i>			
6. Please provide participant per age category of your sport or event:			
Participants age range:	Number of participants per age range:	Further description (if applicable):	Number of Clubs/Teams:
to			Number of paid coaches:
to			Number of volunteer coaches:
to			Number of officials/umpires:
7. Are all trainers certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are their certifications?			Number of volunteers:
			Number of trainers:
8. Any liquor exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide more details:			
8. Are there any activities involving trampolines and/or inflatable jumping pillows? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please explain below*</i>			
9. Will there be first aid available for practices and local contests? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*please explain below*</i>			

10. Is there a safety/injury control program in place? ☐ Yes ☐ No **please explain below**

11. Please describe medical, security, first aid, and evacuation procedures for championships, tournaments, gatherings, etc.:

12. Please describe safety precautions/procedures made for the safety of spectators:

13. Are waiver/release/consent forms signed by participants? ☐ Yes ☐ No

Please attach a copy with your submission

If no, why?

14. Outline the type of facility where your sport is played:

15. Do you rent/own any facilities? Please describe:

16. Please explain sanctioning procedures: (Attach copies of sanction requirements and applications)

17. Do you have any potential to travel to the United States/outside of North America? If yes, where are the events held? For how long?

18. **Claims.** Please provide details of any claims or actions brought against your company, including defense costs and deductible. Include experience of companies that have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence	Claim Amounts				Status of Claim
		Reserve	Paid	Expenses	Deductible	
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
						<input type="checkbox"/> Open <input type="checkbox"/> Closed

19. **Past Insurance experience**

Do you presently carry Insurance? ☐ Yes ☐ No

If yes, with which Insurance Carrier? *Please include policy number.*

Has any Insurance Carrier cancelled or refused coverage? ☐ Yes ☐ No

If yes, please explain:

20. Directors' and officers' / Errors and Omissions

Do you require coverage ☐ Yes ☐ No ****if yes, please complete a Directors' and Officers' and/or an Errors and Omissions form****

21. Breakdown of Coverage:

Coverage	Limit	Additional Information
Property		
Contents		
Sports Accident		
Directors & Officers		
Abuse		
General Liability		

Desired effective date:	Expiry date:	Target Premium:
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20. Loss History

Indicate limits carried, corresponding premiums paid and total losses for the past 3 years (Attach company loss history - verification if required)

Coverage	Limit Carried	Premium	Losses
General Liability			
Participant Liability			
Excess Medical			
Accidental Death & Dismemberment			
Other:			

Additional Comments:

Underwriting Considerations:

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such a credit information and claims history.

Signature(s) of all Named Insureds (only required if binding):	Full Name(s):
Position(s) Held by Insured:	Date:

Absolutely NO COVERAGE is given by this application form.

Coverage is only granted upon written confirmation of binding from ABEX.

This Section is For Broker Use Only

*** If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using a different browser or email the application to service@abexinsurance.com**