



PARTICIPANT ACCIDENT APPLICATION

SECTION 1: BROKER DETAILS

1.1 Name of Agent/Brokerage: _____
Contact Person: _____
Mailing Address: _____

City: _____ Postal Code: _____
Telephone: _____ Fax Number: _____
E-mail address: _____

SECTION 2: RISK DETAILS

2.1 Effective Dates
Policy period required from (effective date): _____ to (expiry date): _____

2.2 Named Insured as it is to appear on policy: _____

2.3 Name of Organization (if different): _____

2.4 Mailing Address: _____

2.5 Break down participation by type of events and age: _____ Total number of participants: _____ Age Range of participants: _____

2.6

	Type of Events	Number of Participants
Aged 12 and Under:	_____	_____
Aged 13 to 18:	_____	_____
Aged 18 and Older:	_____	_____
Aged 60 and Older:	_____	_____

<u>SCHEDULE OF EVENTS</u>	<u>DATE</u>	<u>FACILITY & ADDRESS</u>	<u>ESTIMATED ATTENDANCE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2.7 Type of Insured Operation: ☐ League Only ☐ Single Event ☐ Commercial Operation
Type of Commercial Operation: _____
Type of League / Event: _____

2.8 If this is a commercial operation, do you want a quote for Weekly Accident Indemnity for owners and hired full-time employees: ☐ Yes ☐ No
Total number of Owners: _____ Number of Employees: _____

2.9 Limits requested for Accidental Death & Dismemberment / Medical:

☐ \$10,000 ☐ \$15,000 ☐ \$20,000 ☐ \$25,000 ☐ \$50,000

Deductible:

☐ \$0 ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500

2.10 Are emergency procedures in place?

☐ Yes ☐ No

Have procedures been tested?

☐ Yes ☐ No

If yes, please attach a copy of the procedure

Do you require any emergency vehicle and licensed EMT at each event?

☐ Yes ☐ No

If no, please explain: _____

If an emergency vehicle is not on site, what is the average emergency response time? _____

Is first aid available to both participants and spectators at the event location(s)? ☐ Yes ☐ No

Please explain: _____

2.11 Describe medical, security and evacuation procedures: _____

2.12 Is the insurance program: ☐ Mandatory ☐ Optional, please explain: _____

If optional, how many members are eligible to participate in your insurance program? _____

2.13 Are all coaches/trainers certified? ☐ Yes ☐ No

Please explain the certification process: _____

2.14 Are all practices, contests and ancillary events sanctioned and supervised by you? ☐ Yes ☐ No

Do you have sanctioning procedures in place? ☐ Yes ☐ No

If yes, please attach copies of the sanctioning requirements and application.

Are you a member of an association or other organization which promotes or governs the activities named above? ☐ Yes ☐ No

Are participants ever transported to or from practices or competitions at your direction and under your supervision? ☐ Yes ☐ No

If yes, please describe: _____

2.15 Is a K&K approved waiver and release form read and signed by all persons entering a restricted area prior to entry? ☐ Yes ☐ No

If yes, please attach a copy of the form (s).

2.16 Are coaches and officials to be covered? ☐ Yes ☐ No

Are volunteers included in coverage? ☐ Yes ☐ No

Please indicate approximately how many: _____

2.17 Please describe any ancillary events or activities:

<u>SCHEDULE OF EVENTS</u>	<u>DATE</u>	<u>FACILITY & ADDRESS</u>	<u>ESTIMATED ATTENDANCE</u>

Please ensure the following are included with your submission:

- ☐ Copy of the previous/present policy
- ☐ Copies of waiver/release forms.
- ☐ Copies of rules and regulations, safety manuals and sanction requirements and application.
- ☐ Four years of company loss runs (company copy including reserves)
- ☐ Broker of Record letter. (if applicable)

SECTION 3: DECLARATIONS

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial 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 As Credit Information, And Claims History.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed:_____ Full Name:_____

Position Held:_____ Date:_____

SECTION 4: ADDITIONAL INFORMATION

71 Additional Information: