
GameDay Special Events Liability Insurance Application Form

General Information

Name of Insured: _____

Mailing Address: _____

Contact Name: _____ Title: _____

Website: _____

Telephone Number: _____ Email Address: _____

Effective Date: _____ Expiry Date: _____

Provide the name, address and type of facilities/fields you own or operate: _____

Please give a brief description of what spot groups use your facility and the number of participants: _____

Have you had a claim or incident that could lead to a claim in the last Five Years? Yes No

If yes, please provide details: _____

Liability Coverage Required

Limit of liability coverage:

\$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

Sport Accident Coverage Required

Is sport accident coverage required? Yes No

I certify that all information is truthful and accurate to the best of my knowledge.

Authorized Signature: _____ Date: _____

Please Print Name: _____

The signing of this application does not bind insurance.