
GameDay Sports Insurance Application Form

General Information

Name of Insured: _____

Mailing Address: _____

Risk Address: _____

Contact Name: _____ Title: _____

Website: _____

Telephone Number: _____ Email Address: _____

Effective Date: _____ Expiry Date: _____

Number of years in operation: _____

Type of Organization (Select all that apply)

Team League Club Studio Facility Provincial Association National Association

Affiliations (Select all that apply)

Provincial National International

If selected, please provide details below

Are all actives sanctioned? Yes No

If no, please specify what actives are considered not sanctioned: _____

For Profit Not For Profit

Underwriting Information

Annual operating budget/revenue: _____

Describe the type of sport activities to be insured: _____

Is the Sport: Contact Non-Contact

Number of Participants: _____ Number of Games: _____ Number of Tournaments: _____

Are any tournaments in the USA? Yes No

Are any tournaments outside of North America? Yes No

If yes, where are the tournaments being held? _____

Number of Participants per Tournament: _____

Length of time outside of North America: _____

Number of Social Events: _____

Number of Fund Raising Events: _____

Any Liquor Exposure: Yes No

If yes, please provide details: _____

Out of the total number of participants how many are considered: Minor _____ Adult _____

Are the participants professional Athletes? Yes No

Number of Officials: _____ Number of Coaches: _____

Number of Volunteers: _____ Number of Trainers: _____

Are all trainers certified: Yes No

If yes, what are their certifications? _____

Describe medical/first aid/safety and security procedures: _____

Are waivers/release/or consent forms signed by each participant Yes No

If no, Why? _____

Describe the facility where your sport is being played: _____

Liability Coverage

Limit of liability coverage required

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

Current Insurer _____ Policy Number _____

Has any company previously declined or cancelled any insurance coverage: Yes No

Are there any losses in the last 5 Years? Yes No

If yes, please provide full details including date, description of loss, amounts paid out and reserves. _____

Directors' and Officers' / Errors and Omissions

Do you require coverage? Yes No

If yes, please complete a Directors' and Officers' supplement form

Sport Accident

Do you require player accident coverage? Yes No

Current Insurer _____ Policy Number _____

Has any company previously declined or cancelled any insurance coverage: Yes No

Are there any losses in the last 5 Years? Yes No

If yes, please provide full details including date, description of loss, amounts paid out and reserves: _____

Property Coverage

Do you require property coverage? Yes No

If yes, please complete a property supplement form

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.