



**SBC Insurance Agencies Ltd.**

#250 – 999 Canada Place  
Vancouver, BC V6C 3C1  
Tel (604) 737-3018  
Fax (604) 737-3027  
info@sbcinsurance.com

**SPORT EVENTS**  
**SHORT-TERM \* SEASONAL \* ALL SEASON**  
**LIABILITY INSURANCE**  
**APPLICATION**

**PART 1: GENERAL INFORMATION**

Name of Team or Applicant: \_\_\_\_\_

Name of Tournament (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_

**PART 2: UNDERWRITING INFORMATION**

Describe Sport / Event: \_\_\_\_\_

Insurance is for:  Group  Team  League  Tournament  School

Location of Sport / Event: \_\_\_\_\_

How often are practices held? (pick one) \_\_\_\_\_  per Week or \_\_\_\_\_  per Month or \_\_\_\_\_  per Year

How often are games held? (pick one) \_\_\_\_\_  per Week or \_\_\_\_\_  per Month or \_\_\_\_\_  per Year

Effective Date : From \_\_\_\_\_ Time \_\_\_\_\_

To \_\_\_\_\_ Time \_\_\_\_\_

**\*\*COMPLETE BELOW FOR SHORT-TERM SPORT EVENT ONLY\*\***

Please provide the following information about the daily activities and estimated attendance:

	Main Activity	Estimated Attendance	Other Activities	Total Attendance
Day 1				
Day 2				
Day 3				
Day 4*				

\*Attach separate sheet for events beyond four days or to provide more detail

Total number of Players / Participants		Total number of volunteers	
Total number of Coaches		Total number of directors	
Total number of Teams		Total number of Referees	

Are you serving or providing alcoholic drinks at any time? Yes:  No:

When? \_\_\_\_\_

Name & Address of Liquor Permit Holder: \_\_\_\_\_

Previous Experience producing this type of event: \_\_\_\_\_

Will grandstands or bleachers be used? Yes:  No:

If yes, describe construction: \_\_\_\_\_

Capacity: \_\_\_\_\_ Condition: \_\_\_\_\_

Describe safety measures and risk management plans in force, i.e. parking, traffic, security, supervision, first aid, emergency evacuation procedures, etc. \_\_\_\_\_

**PART 3: COVERAGE REQUIREMENTS**

Limit Requested:  \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000

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

Previous Insurer: \_\_\_\_\_

Name & Policy Number: \_\_\_\_\_

Previous Premium: \_\_\_\_\_

Previous Loss History in the past five years: \_\_\_\_\_

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on the issuance of a policy or written binder specifically authorized by the Company or Agency. Quotations will be based upon the information provided and the applicant warrants that this information is true.

Authorized Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Date: [Click here to enter date.](#)