



**SBC Insurance Agencies Ltd.**

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Vancouver, BC V6C 3C1  
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**SPORT INSURANCE APPLICATION**

(If insufficient space, attach appendices using same numbers as questions)

New  Renew  Effective / Renewal Date: \_\_\_\_\_

**PART 1: GENERAL INFORMATION**

Name of Insured or Applicant (Full Legal Name): \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Web site: \_\_\_\_\_

In operation since: \_\_\_\_\_ Annual operating budget/revenue: \_\_\_\_\_

**PART 2: UNDERWRITING INFORMATION**

Indicate percentage of funds received from: \_\_\_\_\_ Dues from members: \_\_\_\_\_ %

Government: \_\_\_\_\_ % Fees for service: \_\_\_\_\_ % Donations: \_\_\_\_\_ %

Other - specify: \_\_\_\_\_ %

Name of accountant/auditor: \_\_\_\_\_ How often is audit done? \_\_\_\_\_

Has the organization filed a federal income tax return for any of the last five years? Yes  No

If "yes", have the returns been accepted as filed? Yes  No

If "no", explain: \_\_\_\_\_

When were your by-laws updated last? \_\_\_\_\_

Applicant is: National  Provincial  Regional  League

Other - specify \_\_\_\_\_

Non-profit: Yes  No

Number of participants: 12 & under: \_\_\_\_\_ 13 – 18: \_\_\_\_\_ 19 & over: \_\_\_\_\_

Number of paid coaches/managers: \_\_\_\_\_ Volunteer coaches/managers: \_\_\_\_\_

Number of officials/referees: \_\_\_\_\_ Board members: \_\_\_\_\_

Total number of members in association (including participants, coaches, etc.): \_\_\_\_\_

Estimated number of volunteers: \_\_\_\_\_

Describe the sport activities to be insured: \_\_\_\_\_

Describe all other activities for which insurance is required:

- Social events such as awards banquets       Other social events – specify (by type):

- Fund raising activities – describe and estimate approximate number:

- Concession stands (coverage applies only to concession stand operations that take place in conjunction with sanctioned activities).

- Other – specify:

Are all games, practices and competitions sanctioned by the applicant?      Yes       No

If “no”, explain: \_\_\_\_\_

Provide a schedule of events for national / provincial / regional competitions, including the number of members at each competition.

Are all coaches / instructors / officials certified?      Yes       No

If “no”, explain: \_\_\_\_\_

Are coaches / instructors present at all activities?      Yes       No

If “no”, explain: \_\_\_\_\_

Do you receive & document police checks on all employees, coaches & volunteers?      Yes       No

If “no”, explain: \_\_\_\_\_

Appropriate operational procedures are required to eliminate abuse potential. Do you have a formal written policy including physical, sexual & mental abuse for your employees, coaches & volunteers?      Yes       No

Do you have written procedures for handling suggestions or complaints regarding any form of abuse?      Yes       No

Are your employees, coaches & volunteers made aware of the procedures/incident reporting for sexual abuse/harassment?      Yes       No

Describe medical / first aid / safety / security procedures:

\_\_\_\_\_  
\_\_\_\_\_

Describe all facilities you own or manage for which insurance is requested:

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Provide copy of your membership application, any brochures, waivers or awareness of risk forms.

Outline or attach your association event sanctioning procedures:

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

**For renewals sign here:**

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

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

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

**For new submissions, continue on page 4 ....**



**PART 3: COVERAGE REQUIREMENTS (Please complete for new submissions)**

Do you presently carry insurance? Yes  No

If "yes", which insurance carrier? \_\_\_\_\_

Has any insurance carrier cancelled or refused coverage? Yes  No

If "yes", provide details: \_\_\_\_\_

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied: \_\_\_\_\_

Current premium: Sport Liability: \$ \_\_\_\_\_ Sport Accident: \$ \_\_\_\_\_

**SPORT LIABILITY COVERAGES**

COMMERCIAL GENERAL LIABILITY (EACH OCCURRENCE) LIMIT: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000		
INCLUDING PARTICIPANT COVERAGE	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OPTIONAL COVERAGES:		
LEGAL DEFENSE EXPENSES – EACH OCCURRENCE / ANNUAL AGGREGATE	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EXCESS TRAVEL MEDICAL INSURANCE	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>SPORT ACCIDENT COVERAGES</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Authorized Signature: \_\_\_\_\_

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

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