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INSURANCE FOR COMMERCIAL GENERAL LIABILITY APPLICATION FORM

SECTION 1: BROKER DETAILS

1.1 Please provide the following details:

Brokerage Name: _____
 Address: _____
 City / Prov. / Post Code: _____
 Telephone: _____ Contact Name: _____

SECTION 2: RISK DETAILS

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

2.2 Please provide the following details: (If coverage is provided for subsidiary companies, please include all subsidiary information when completing the questions in this application form)

Name of Insured: _____
 Contact Name: _____ Title: _____
 Mailing Address: _____
 City / Prov. / Post Code: _____
 Location Address: _____
 Website: _____

2.3 What is the Insured? Association League Team

2.4 Type of organization: For-Profit Non-Profit

Operating Budget: _____ Revenue: _____

2.5 The Applicant has continuously been in business since: _____

Does the Applicant currently carry insurance? Yes No

Who is the current carrier? _____

Is the current carrier offering renewal? Yes No

Are there any losses in the past 5 years? Yes No

2.6 Do you rent / own any facilities? Yes No

SECTION 3: BUSINESS ACTIVITIES

4.1 Is the sport: Non-Contact Contact

4.2 Are signed waivers / release / consent forms obtained? Yes No

****If yes, please provide a copy****

If no, please explain why: _____

4.3 Describe sports activity / activities to be covered:

4.4 Number of Athlete Members: Under 12 years of age: _____

13 to 18 years of age: _____

Over 18 years of age: _____

Number of Clubs / Teams: _____

Total Number of Coaches: _____

Number of Paid Coaches / Instructors: _____

Number of Officials / Umpires: _____

Number of Non-Participating Members: _____

Number of Volunteers: _____

Number of tournaments hosted: _____

Number of participants: _____

Number of tournaments attending: _____

Number of participants: _____

Number of Sanctioned Events: _____

Average number of participants per event: _____

Average number of spectators per event: _____

4.5 Describe any other ancillary activities to be covered:

4.6 Are there any U.S. operations or exposures? Yes No

If yes, please describe in detail:

4.7 Are coaches / trainers certified? Yes No

If yes, please describe the certification process:

4.8 Are all practices, contests, and ancillary events sanctioned and supervised by the association? Yes No

If no, please explain:

4.9 Please explain the sanctioning process:

4.10 Is first aid available for practices, games, tournaments, etc? Yes No

4.11 Is there a safety / injury program in place? Yes No

****If yes, please provide a copy of the program****

4.12 Are participants ever transported to or from practices or competition by organization members? Yes No

If yes, please explain:

4.13 Describe all other activities:

Social Events: _____

Fundraisers: _____

Any liquor exposure? Yes No

Is there any food or drink being provided? Yes No

If yes, please provide details: _____

4.14 Please describe medical / first aid / safety and security procedures: _____

4.15 Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? Yes No

If yes, please give details: _____

4.16 Does the Insured rent or lease vehicles from others? Yes No

If yes, how often per year? _____

Are any of these vehicles driven in the United States? Yes No

Does the Insured contract services from others? Yes No

If yes, describe: _____

Are vehicles used to transport anyone? Yes No

If yes, how often and for what purpose? _____

SECTION 4: INSURANCE COVERAGE REQUIREMENTS

5.1 Please provide details of the Applicant's current / required General Liability insurance coverage:

Effective / Expiry Date: _____

Limit: _____

Deductible: _____

6.1 Desired Coverage Limits:

General Liability _____

Sports Accident _____

Property _____

Other (specify): _____

SECTION 5: CLAIMS INFORMATION

4.1 Regarding all types of insurance to which this application form relates:

- a. is the Applicant aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last five (5) years, or
- b. is the Applicant aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof, or
- c. have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof, or
- d. have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c, and d above:

Yes

No

If the answer to the above is Yes, then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by the Applicant and/or by Insurers, and the dates of all developments and payments.

5.1 Does the Insured have a formal loss-control program?

Yes

No

If yes, describe: _____

6.1 Does the Insured have a formal employee safety-training program?

Yes

No

If yes, describe: _____

