



Facility User Program
SHORT FORM INSURANCE APPLICATION (SPORTS)

1. Name of Organization: _____
2. Mailing Address: _____
3. Contact Name: _____ Phone: _____
4. Describe the activity to be insured: _____

5. Number of Participant Members: _____
Age of Participants: _____
Number of Clubs/Teams: _____
Number of Coaches Paid: _____ Volunteers: _____
Number of Officials/Refs/Umps: _____
6. How many events per policy term: _____
Any Provincial/National activities: _____
7. Are all practices, contests and events sanctioned by an association? Yes ___ No ___
****If yes referral****
8. Are waivers signed? Yes ___ No ___ ****If no, we are unable to write****
9. If Hockey, Are there any Jr A or B players? ___ ****If yes, referral****
10. Describe any medical, security procedures for tournaments, etc. _____

11. Will there be liquor served at any of the activities? Yes ___ No ___ ****If yes, referral****
If Yes, Details: _____
12. Effective Date: _____ Expiry Date: _____
13. Additional Comments: _____

Authorized Signature: _____ Position: _____
Please Print Name: _____ Date: _____