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Application Addendum

Commercial General Liability Insurance Sports Organizations

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____

Name of Broker Contact: _____

Brokerage Address: _____ City: _____ Postal Code: _____

For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

Please answer all questions. If they do not apply, indicate "N/A". If space is insufficient, please use separate sheets.

1. Official Name of Organization: _____
2. Contact Name: _____
3. Mailing Address: _____
 Website Address: _____
4. Policy Period: From: _____ To: _____
5. Coverage required: _____ Limit required: _____
6. Number of years in operation: _____
7. Sports activity to be insured:

(a) <input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Rugby	<input type="checkbox"/> Soccer
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Rollerblade Hockey	<input type="checkbox"/> Other: _____		
(b) <input type="checkbox"/> Team	<input type="checkbox"/> League	<input type="checkbox"/> School	<input type="checkbox"/> Club	<input type="checkbox"/> Other: _____	
8. Are there any games/tournaments outside of Canada? YES NO
9. (a) Please advise the number of:

(i) Total participants/members: _____		
Ages: _____	To _____	= _____
Ages: _____	To _____	= _____
Ages: _____	To _____	= _____
(ii) Teams/Clubs: _____	(iii) Paid Coaches/Instructors: _____	
(iv) Volunteer Coaches: _____	(v) Umpires/Officials: _____	
(vi) Other types of volunteers: _____		

(b) Are all employees covered under WSIB or Workers' Compensation? YES NO

If no, please list the numbers by job description and estimated payroll:

Total payroll: _____ No. of employees: _____

10. (a) Are independent contractors used for any operations? YES NO

If yes, please specify receipts and activity: _____

(b) Is proof of insurance obtained from the contractor? YES NO

If no, please provide details: _____

If yes, please provide the limits they are required to provide: _____

(c) Does the Applicant have any agreements assuming liability? YES NO

If yes, please describe and provide copies: _____

11. Are all coaches/trainers certified? YES NO

If yes, by whom? _____

12. Please describe the experience of instructors, coaches and/or trainers: _____

13. (a) Please describe the facility where the sport is played: _____

(b) What facilities are available for spectators? _____

(c) Does the Insured have any premises under their care, custody or control? YES NO

If yes, please provide details: _____

14. (a) Affiliations: (i) National: _____

(ii) International: _____

(b) Is any liability assumed under contract? YES NO

If yes, please provide details and a copy of the contract.

15. Please list those entities which you are contractually obliged to list as an additional insured (including address):

16. Is a sports accident and injury policy in effect? YES NO

17. Is an injury report form completed after any/all accidents? YES NO

18. Is first aid available? YES NO

If yes, provided by whom? _____ Qualifications: _____

19. Are waivers signed? YES NO

If yes, please provide a copy.

20. Any auxiliary activities to be covered? YES NO

21. Is participation in the insurance program mandatory for members? YES NO

If optional, approximately how many members participate in the program? _____

22. (a) Total number of sanctioned events to be held during the policy term: _____
- (b) Average number of events per season:
 Local: _____ Provincial: _____ National: _____ International: _____
23. Please explain sanctioning procedures (attach any relevant documents):

24. (a) Are hosted invitational tournaments planned? YES NO
 If yes, total number of players: _____ total number of teams: _____ total games played: _____
- (b) Are all participants members of the Insured's league? YES NO
 If no, number of non-members: _____
- (c) Will non-member teams be required to provide proof of insurance? YES NO
25. Any U.S. operations or exposures? YES NO
 If yes, please provide details including the number of days and the number of games played in the U.S.A.:

26. Any players billeting? YES NO
 If yes, please provide details: _____

27. Please describe transportation used: _____
28. Any fundraising activities? YES NO
 If yes, please provide details: _____

29. Any banquets? YES NO
 If yes, please provide details: _____

30. Any liquor exposure? YES NO
 If yes, please provide details: _____

31. (a) Does the Applicant presently carry insurance? YES NO
 If yes, who is the present insurer: _____ Premium: _____
- (b) Is the present insurance claims made? YES NO
 If yes, please provide the retroactive date: _____
- (c) Is the present insurer willing to renew? YES NO
 If no, please provide details: _____

- (d) Does the policy cover all of the Insured's operations? YES NO
 If no, please provide details: _____

32. Claims History

Please include the total costs from the ground up for each claim, including defence costs and deductible. Include the loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence and Injury or Damage	Amount				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO

If yes, please provide details: _____

33. Non-owned Automobile

- (a) Number of employees using their automobile on company business:
 Regularly: _____ Occasionally: _____
- (b) Estimated annual cost of hired automobiles: _____
 Estimated annual cost of automobiles operated under contract: _____

34. Accident Prevention and First Aid

- (a) First Aid Post: (i) Doctors: _____ Full time: _____ Part time: _____
 (ii) Nurses: _____ Full time: _____ Part time: _____
- (b) Fire alarm – other warning systems: _____
- (c) Is there a security officer or are there loss prevention engineers employed? YES NO

APPLICANT’S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

- Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:
- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
 - in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

I am applying for insurance based on the information provided above. I authorize you to collect, use and disclose personal information gathered in connection with this application, as permitted by law, for the insurance or a renewal, extension or variation thereof by Victor for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Date (dd/mm/yyyy): _____

Signature of Applicant: _____