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## SPORTS AND ATHLETIC ASSOCIATIONS, LEAGUES AND TEAMS SUPPLEMENT TO GENERAL LIABILITY INSURANCE APPLICATION FOR

Name of Applicant: \_\_\_\_\_

1. Sport(s)/Activities to be insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide schedule or calendar of games/competitions/practices: ( attach separate form if necessary)

2. Please describe peripheral activities to be insured (e.g. fund raising, hosted competitions etc).  
Please include calendar of events: \_\_\_\_\_  
\_\_\_\_\_

3. Are all member activities authorized under the auspices of the Association and duly sanctioned?  Yes  No  
Please describe sanctioning process: \_\_\_\_\_  
\_\_\_\_\_

4. Please advise rules enforced governing play: \_\_\_\_\_  
\_\_\_\_\_

5. Are protective gear requirements enforced?  Yes  No

6. How are playing fields chosen and inspected to assure safety? \_\_\_\_\_  
\_\_\_\_\_

7. Please split receipts by:  
Government grant(s) \_\_\_\_\_% Fees for service/membership \_\_\_\_\_% Donations \_\_\_\_\_% Fund raising \_\_\_\_\_%

8. Membership:

Coaches & Officials: Paid # \_\_\_\_\_ Volunteer: # \_\_\_\_\_ Total # \_\_\_\_\_  
Participants: 18 & under # \_\_\_\_\_ 18 & over # \_\_\_\_\_

9. Please describe screening process for employees, volunteers, coaches and officials: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please describe credentials and certifications required of employees, volunteers, coaches and officials:  
\_\_\_\_\_  
\_\_\_\_\_

11. Please describe the Applicant's accident and injury prevention and response plan and procedures including medical response plan: \_\_\_\_\_  
\_\_\_\_\_

12. Does the Applicant's members billet minors?  Yes  No If Yes, please describe policies and procedures governing.  
\_\_\_\_\_  
\_\_\_\_\_

13. Does the Applicant maintain a sports accident and injury policy insuring members?  Yes  No  
If Yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

14. Please attach samples of game sheets/playing field inspection forms, injury incident report forms, membership forms, waivers and/or brochures, risk management and operating procedures.

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**This supplement, together with the General Liability application to which it is attached, constitute the Applicant's representations and will form the basis of any policy that may be issued.**

Signature of Applicant \_\_\_\_\_ Dated \_\_\_\_\_