



CARRIER:

Sports Advantage Product Application

Organization's name: _____

Location address: _____

City: _____ Province: _____ Postal Code: _____

Mailing address (If different than above): _____

City: _____ Province: _____ Postal Code: _____

Website: _____

Is this a nonprofit organization? Yes No

Sports organized, operated, managed and sponsored by organization: (Check all that apply)

- | | | | | |
|-------------------------------------|--|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Football (Flag) | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Rowing | <input type="checkbox"/> Track |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Diving | <input type="checkbox"/> Cheerleading (Competition/Dance) | <input type="checkbox"/> Soccer | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Cheerleading (Sideline) | <input type="checkbox"/> Softball | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Handball/Pickleball | <input type="checkbox"/> Swim | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Hockey | <input type="checkbox"/> Running | <input type="checkbox"/> Tennis | _____ |

Ineligible sports: skiing, snowboarding, tackle football and others as determined by the insurer

For all sports, complete as applicable: League, travel team and similar programs

Sport	Number of participants 3-14 years of age	Number of participants 15-18 years of age	Number of participants 18 years and older	Number of staff*

Camps, Clinics, Tournaments: Please identify if camps are youth only or allow youth and adult participants

Sport	Number of camps, clinics, tournaments per year	Average number of days per camp/clinic	Average number of participants per camp/clinic	Number of staff*

*Staff means an individual working for the organization as a coach, manager, employee, volunteer, official, chaperone, camp counselor, instructor or other position.

Overnight Trips: Does the organization sponsor or organize any overnight trips?

- How many overnight trips does the organization conduct per year? _____
- How many nights does each trip typically last? _____
- Does the organization have trips that require them to travel by airplane, train or bus? Yes No
If "Yes", please provide details. _____
- Confirm adult to participant ratio: _____ to _____ (e.g., 1 adult to 8 participants).
- Does the organization ensure overnight facilities are secured and staff only interact with minors during supervised activities? Yes No
- Does organization ensure participants are picked up or dropped off from activities by a parent, guardian or adult with proper clearance? Yes No

I. GENERAL LIABILITY

1. Any general liability losses in the past three years? If "Yes", please provide loss runs. Yes No
2. Is the organization a school team or sponsored by a school? Yes No
3. Are participants* or parents/legal guardians of minor participants required to sign waiver of liability and release forms for all activities? Yes No
*Participant(s) are any persons, including players, coaches, managers, staff members, team workers, officials, cheerleaders, customers and volunteers who are instructing, supervising, training, practicing, participating or otherwise involved in any game, sport or athletic activity, contest or exhibition.
4. Does the organization have a written code of conduct or policy of zero tolerance for abusive or unsportsmanlike conduct applicable to all participants? Yes No
5. Confirmed waivers of liability are on file for all athletes? Yes No
6. Confirmed participant health coverage under Provincial insurance plans is verified for all athletes? Yes No

Field and Facility

7. Does organization own, lease, maintain or operate athletic fields, facilities or buildings? Yes No
8. Does organization lease its fields or facilities to others? Yes No
 - a. Does organization require those using the fields or facilities to provide certificates of general liability insurance? Yes No
 - b. How many acres is the field? _____ N/A
 - c. What is the square footage of the facility/building? _____ sq. ft. N/A
 - d. Are there any outdoor sport courts on the premises? Yes No
 - i. Total number: _____
 - ii. Type (check all that apply): Basketball Tennis Volleyball Other _____
9. Does organization own, lease or operate a swimming pool? Yes No

Concessions

10. Does organization operate a concession stand? Yes No
 - a. Total receipts: \$ _____

Abuse and Molestation

11. Does the organization conduct reference and police background checks, including Vulnerable Sector Checks, on all staff and volunteers working with participants or minors, both at hiring and periodically thereafter in line with organizational policy or applicable provincial guidelines? Yes No
12. Does the organization ever allow only one employee or volunteer to be present with a minor? Yes No
13. Does the organization have a process in place for current employees and volunteers to report any new allegations, charges or investigations related to abuse or misconduct? Yes No
14. Does the organization hire any applicants or volunteers with a sexual abuse, sexual molestation or sexual misconduct allegation, conviction, charge or lawsuit against them? Yes No
15. Does the organization monitor activity on all electronic devices made available to minors and set parental controls and privacy settings to prevent inappropriate online behavior, including outside contact? Yes No
16. Has the organization experienced any actual or alleged abuse or molestation incidents, or are there any currently under investigation? Yes No
17. Is there documented annual mandatory sexual abuse training for employees and volunteers who have contact with minors that includes recognizing the signs of abuse and how to report incidents or accusations of abuse? Yes No

Concussion Safety

18. Does the applicant have a Concussion Policy Statement on file that requires all staff or non-volunteers to be certified in concussion training that is consistent with Parachute Canada? Yes No
19. Is the program in compliance with applicable provincial concussion legislation, as well as current national and sport-organization concussion guidelines, including protocols for concussion education, removal from sport, and return to play? Yes No
20. Is there a formal procedure in place outlining the protocol for handling and reporting potential concussions? Yes No
21. If a concussion is suspected, does the applicant comply with applicable provincial or organizational policy requirements to remove the participant from athletic activities immediately and only return after at least 24 hours and after being cleared by a healthcare/medical professional? Yes No

Hired/Non-owned Auto

- 22. Is Hired/Non-owned Auto coverage desired? (If "Yes", please answer questions 23-26) Yes No
- 23. Does organization own any motor vehicles or lease any motor vehicles on a long-term basis? Yes No
- 24. Does organization use hired or non-owned vehicles with passenger capacities exceeding eight passengers? Yes No
- 25. Does organization use hired or non-owned vehicles for emergency medical transportation or emergency medical services? Yes No
- 26. Does organization require a minimum of \$100,000 CSL or \$100,000/\$300,000 personal auto liability limits from employees and volunteers? Yes No

II. PROPERTY

Construction: Frame Joisted masonry Noncombustible Fire resistant Masonry noncombustible

FUS Grade: _____

Requested cause of loss: Basic Special

Requested valuation: Replacement cost Actual cash value

Deductible: \$1,000 \$2,500 \$5,000

Coinurance: 80% 90% 100%

Building limit: _____ Year constructed: _____ Total area: _____ sq. ft.

Business personal property: _____

- 27. Any property losses in the past three years? If "Yes," please provide loss runs. Yes No
- 28. Age of roof: _____ years Plumbing updated: _____ years Electrical updated: _____ years Heating updated _____ years
- 29. Roof type: Flat Wood shake Shingle Metal Tile Slate Other: _____
- 30. Plumbing type: PVC Copper Lead Galvanized Other: _____
- 31. Burglar alarm: Central station Local None Other: _____
- 32. Functioning and operational smoke and/or heat detectors in all common areas? Yes No
- 33. Is all electric wiring on functional and operational circuit breakers? Yes No
- 34. Is there any aluminum or knob and tube wiring? Yes No
- 35. Is there a basement? Yes No
- 36. Is there commercial cooking on the premises? (If "Yes", complete a. through d.) Yes No
 - a. Is there a cleaning contract in force with an outside firm? Yes No
 - b. Describe cooking equipment used: Grills Open flame Oven Deep fat fryers Charcoal grill
 - c. Functional and operating fire extinguishing system in place? Yes No
If "Yes," what type? Wet Dry
 - d. Is the cooking area, hood and duct system protected per NFPA 96 guidelines? Yes No

III. INLAND MARINE

Schedule of Property and Equipment for which coverage is requested:

Item	Description	Serial Number	Limit of Insurance
1			
2			
3			
*Attach another page if necessary		Total Scheduled	

Blanket Coverage description (if requesting blanket coverage) — individual items under \$2,500 in value:

Description	Largest Item	Limit of Insurance

- 37. Deductible: \$2,500 \$5,000 \$10,000
- 38. Does the insured lease, loan or rent covered property or equipment to others? Yes No
- 39. Is any insured property or equipment on this schedule left unlocked and/or unsecured when not in use? Yes No
- 40. Are any objects unique or difficult to replace? Yes No
- 41. Do any objects have value beyond their apparent worth due to being rare or collectible? Yes No
- 42. Is all insured's covered property or equipment brought back to their place of business at the end of each day? Yes No
If "Yes", is the place or storage protected by a central station alarm system? Yes No

IV. NONPROFIT DIRECTORS AND OFFICERS

43. Is the organization involved in product research, development, testing and/or certification? Yes No
44. Does organization engage in any disciplinary actions as a result of peer review activities? Yes No
45. Does organization administer or sponsor any insurance programs? Yes No
46. Is the organization involved in any accreditation or standard setting activities? Yes No
47. Total number of employees: Full time: _____ Part time: _____ Volunteers _____ Seasonal _____
48. Number of members: _____
49. Does organization currently carry general liability insurance? Yes No
50. Please provide the following financial information for the last three years. (If organization is in existence less than three years, please provide budgeted revenue/expense statement for next three years)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

*Fund balance = Total Assets - Total Liabilities

51. Has organization closed, downsized, laid off, reduced staff, sold, merged with or acquired any company in the last 12 months or anticipates doing so in the next 12 months? Yes No
52. Has the Applicant or any person proposed for coverage (whether or not in the service of Applicant) been involved directly or indirectly in any civil, criminal, regulatory, legislative or administrative hearings? Yes No
53. Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against any entity proposed for insurance, or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of any entity proposed for insurance? Yes No
54. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the organization or any of its directors, trustees, officers, employees or volunteers? Yes No

If "Yes," please forward a completed USLI supplemental claims application.

V. CRIME COVERAGE

55. Employee dishonesty: Limit: _____
- a. Number of employees: _____
- b. Does organization have an annual financial statement prepared? Yes No
- c. Is the organization's bank account(s) reconciled by someone other than the person also authorized to withdraw deposits or transfer funds? Yes No
- d. Do cheques written by the organization require a countersignature? Yes No
56. Money and securities: Limit inside: _____ Limit outside: _____

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)