



**OFFSEASON SPRING/SUMMER HOCKEY ORGANIZATION INSURANCE APPLICATION**

NAME OF ORGANIZATION:

CONTACT NAME:

EMAIL ADDRESS:

MAILING ADDRESS:

EFFECTIVE DATE:

PHONE NUMBER:

FAILING TO FILL OUT FORMS COMPLETELY MAY RESULT IN LOSS OF COVERAGE

LIMIT OF LIABILITY: \$5,000,000

# OF CONTACT TEAMS

# OF NON-CONTACT TEAMS

# OF NOVICE PLAYERS

# OF ATOM PLAYERS

# OF PEEWEE PLAYERS

# OF BANTAM PLAYERS

# OF MIDGET PLAYERS

# OF MALE PLAYERS:

# OF FEMALE PLAYERS:

**TOTAL # OF  
PARTICIPANTS:**

TOTAL # OF COACHES/  
MANAGERS/TRAINERS  
(max 4 per team).

HOSTING TOURNAMENTS?

YES

ATTENDING TOURNAMENT OUT  
OF COUNTRY?

YES

NO

NO

IF YES- OUT OF COUNTRY ACCIDENT INSURANCE IS REQUIRED.

DATES OF TRAVEL:

TO:

# OF PLAYERS:

DESTINATION:

Have you had any liability  
claims in the past five years?

YES

NO

If YES:

Has any insurer cancelled,  
declined or refused you  
coverage for any reason?

YES

NO

ADDITIONAL INSURED (s)

Signature: \_\_\_\_\_

RATING GRID (FOR IN OFFICE USE ONLY)

Liability Flat Fee: \$150

Liability per player: \_\_\_\_\_

Accident for players: \_\_\_\_\_

Accident for coaches/managers: \_\_\_\_\_

Agency fee: \_\_\_\_\_

**Total Premium:** \_\_\_\_\_