

**PROPOSAL FORM FOR AMATEUR SPORTS**

**PLEASE COMPLETE THIS SECTION FOR ALL APPLICATIONS**

1. Name of Insured.....  
.....
2. Is the Insured Incorporated Yes No
3. Contact Name.....
4. Phone..... Fax.....
5. Address.....  
.....Postal Code.....
6. Email.....  
Website.....
7. Activities Undertaken by the Insured.....  
.....
8. Number of Participants..... 12 & Under ..... 13-18 ..... 19 & Over.....
9. Number of Coaches..... Number of Volunteers.....
10. Number of Officials/Referees.....
11. Total number of members to be insured (including participants, coaches, etc): .....
12. Describe all other activities for which the insurance is required:  
 Social Events such as rewards banquets Other Social Events – Specify (by type):  
.....  
 Fundraising activities – describe and estimate approximate number .....
13. Are all games, practices and competitions sanctioned by the applicant? Yes No  
*If “No”, explain:* .....
14. Are coaches/instructors present at all activities Yes No  
*If “No”, explain:* .....
15. Is there any potential for travel to the United States? Yes No  
*If “Yes”, explain:* .....

**PLEASE COMPLETE THIS SECTION FOR LIABILITY COVERAGE**

16. Does the Insured:

a) Own the premises? *(If yes, please give full details)*  Yes  No

.....

If "Yes", does the Insured have Building Liability Insurance?  Yes  No

b) Hire out those premises to others? *(Provide details of hiring)*  Yes  No

If "Yes", do you require third parties hiring out the premises to have their own liability Insurance?  Yes  No

c) Own the equipment used?  Yes  No

*List Equipment (e.g. footballs):*.....

.....

d) Hire out the equipment  Yes  No

*List equipment and details of hiring:* .....

.....

e) Operate Licensed Premises  Yes  No

*Provide License Type:* .....

f) Sell goods to the public  Yes  No

*List goods sold:* .....

g) Is there a Grandstand  Yes  No

*Provide capacity and construction:* .....

h) Host international events  Yes  No

*Provide event details:* .....

17. Has the Insured entered into any Contractual agreements?  Yes  No

*If yes, please give details:* .....

.....

18. Do the participants sign a "Subrogation Waiver" or "Hold Harmless Agreement"?

*If "Yes", please attach a copy.*  Yes  No

19. Does the Insured have a written policy for the following:

a. Risk Management  Yes  No

b. Alcohol Service  Yes  No

c. Blood Spillage  Yes  No

d. Discrimination  Yes  No

20. Limit of Liability required by the Insured (check one)

\$2,000,000

\$5,000,000

\$10,000,000

21. Policy Period Required from ...../...../..... to ...../...../.....

**PLEASE COMPLETE THIS SECTION FOR LIABILITY COVERAGE**

**PREVIOUS and PENDING CLAIMS**

22. a) Have any claims for Liability or Indemnity been made against the Applicants or anyone associated with the Applicants in the last five (5) years  Yes  No
- b) Have there been any incidents in the last five (5) years that may result in claims against the applicants (whether the applicants were insured or not)  Yes  No

*If you have answered yes to any of the above, please complete the following:*

Total Number of Incidents ..... Total Number of Claims Made .....

Total Amount Settled: \$..... Total Amounts Outstanding: \$.....

Description of Incident	Year	Amount Settled \$	Amount Outstanding \$

**PLEASE COMPLETE THIS SECTION FOR ERRORS & OMISSIONS COVERAGE**

23. Do you require Errors & Omissions Cover  Yes  No

*If yes, please complete the following:*

a) Are the coaches/referees/instructors to be covered qualifies?  Yes  No

*If yes, please supply details including minimum qualification obtained:*.....  
 .....

b) Number of coaches/referees/instructors to be Insured: .....

c) Please attach a list (names and addresses) of all coaches/referees (*note: cover not limited to those listed*): .....

24. Has any Insurer ever declined, refused to renew or has imposed special terms and conditions to any application, renewal or policy held by the applicants?  Yes  No

*If yes, please supply details:* .....

25. a) Have any claims for Indemnity been made against the Applicants or anyone associated with the Applicants in the last five (5) years?  Yes  No

b) Have there been any incidents in the last five (5) years that may result in claims against the Insured or any of its members (whether the applicants were insured or not)  Yes  No

*If you have answered yes to either of the above, please complete the following:*

No. of Incidents: ..... Year/s:..... No. of claims made: ..... Amount Settled \$ .....  
 Amount outstanding \$ ..... Description of the Incident/s .....

c) Are you or any member of the Insured aware of any incident that has occurred which could give rise to a claim?  Yes  No

26. Limit of Errors & Omissions cover required by the Insured (*tick one*):

\$1,000,000  \$2,000,000

**PLEASE COMPLETE THIS SECTION FOR ACCIDENT COVERAGE**

27. Do you require player accident coverage?  Yes  No

28. Who is your Current Insurer (Name and Address) .....

.....

29. Describe accident coverage currently in force:

Accidental Death: \$..... Medical: \$.....

**PREVIOUS and PENDING CLAIMS**

30. a) Have any claims for accidents been made by the Insured in the last five (5) years  Yes  No

*If you have answered yes to the above, please complete the following for each of the last 5 years*

Number of Claims	Year	Amount Settled \$	Amount Outstanding \$

b) Have there been any incidents in the last five (5) years that may result in claims against applicant?  Yes  No

*If yes, please supply details:*

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**THIS DECLARATION MUST BE COMPLETED IN ALL CASES**  
**DECLARATION**

For and on behalf of the Applicant I represent that the above statements and facts are true and that no material facts have been suppressed or miss-stated. I understand that completion of this form does not bind coverage. The Applicant’s acceptance of the company’s quotation and the company’s acceptance of the applicant’s proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Insured I:

- have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- am a duly authorized officer of the Insured applying for insurance for the purpose of completing this application.
- have read and understood the information concerning the disclosure of material fact and understand that this is a contract of utmost good faith.
- agree on behalf of the applicant to Burns & Wilcox obtaining from the applicant’s previous insurer(s) any information it may need about prior claims or insurance history.
- agree to Burns & Wilcox making enquiries from any third party to verify claims history and other information disclosed herein or statements made by the applicant or its representatives in making this application.
- agree to Burns & Wilcox disclosing to any insurance intermediary appointed by the applicant or to any former or future insurer of the applicants the claims history or any other information as may be determined.

**IMPORTANT – Proposed Information**

- 1. Disclosure of Material Fact** – Any material facts known to you must be disclosed. A material fact is one which could influence an underwriter in the assessment and acceptance of this proposal. Should you have any doubt as to whether a fact is material, it should be disclosed for your own protection as failure to disclose such fact may invalidate the policy. You are recommended to keep your own records (including copies of letters) of all information supplied to us in arranging this insurance. A copy of your completed proposal form is available on request.
- 2. Utmost Good Faith** – The Insurance is a contract based on the utmost good faith requiring Underwriters and the proposer/insured(s) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

Full Name .....

Position Held: .....

Signature.....

Date ...../...../.....

**Please return this form to your accredited Burns & Wilcox Underwriter.**  
**Lalita Mohabir**  
Burns & Wilcox Canada  
Bay Adelaide Centre, West Tower  
333 Bay Street, Suite 850  
Toronto, ON, M5H 2R2  
[www.burnsandwilcox.ca](http://www.burnsandwilcox.ca)