



Application for Insurance

Drama/Music/Non Sport Camps

#730 – 800 West Pender Street
Vancouver, BC V6C 2V6
Tel: (604) 685-0050
Fax: (604) 669-1007

CANNOT BIND WITHOUT BEING COMPLETED AND SIGNED BY APPLICANT

PART 1: GENERAL INFORMATION

1. Applicant's Legal Name: _____
 - a. Mailing Address: _____
 - b. City, Prov.: _____ Postal Code: _____
 - c. Telephone: _____ Facsimile: _____
 - d. Location name & address: _____
2. Contact Person: _____ Telephone: _____
3. Operating Since: _____
4. Applicant is a: Non-profit Association Team/League Proprietorship Corporation Partnership
5. Affiliations: Provincial - _____ National - _____
6. Applying for: \$2,000,000.00 Commercial General Liability with NO Accident coverage
 \$2,000,000.00 Commercial General Liability with Accident
 Other: _____
7. Desired effective date: _____ expiry date: _____

PART 2: UNDERWRITING INFORMATION

8. Identify activity: _____
9. Number of students:

13 years of age and under	(Male) _____	(Female) _____	Total _____
14 – 18 years of age	(Male) _____	(Female) _____	Total _____
19 – 34 years of age	(Male) _____	(Female) _____	Total _____
34 – 65 years of age	(Male) _____	(Female) _____	Total _____
66 years of age and older	(Male) _____	(Female) _____	Total _____
Total number of students:	(Male) _____	(Female) _____	Total _____
10. Number of instructors: _____ 9. Number of volunteers: _____ 10. Number of Directors: _____
11. Number of scheduled sessions: _____
12. Are all activities sanctioned by the applicant? Yes No

If "No"; explain: _____

13. Describe other activities: _____

14. List on-site equipment for students use (bags, weights, pools, etc.): _____

15. Describe on-site first-aid facilities: _____

16. Are instructors required to maintain first-aid certification? Yes No

If "Yes"; what level must be maintained: Survival Industrial St. John's CPR Other: _____

17. Qualification of instructors: _____

18. Distance to nearest medical center: _____ city blocks or _____ minutes

19. To complete the application attach copies of the applicant's:

Student Registration Form Medical Questionnaire Waiver of Liability Instruction Schedules

PART 3: INSURANCE AND LOSS HISTORY

20. Is this the applicant's initial application for insurance? Yes No

If "No"; identify applicant's current insurance carrier: _____

21. Has any insurance company refused or cancelled coverage for the applicant? Yes No

If "Yes"; explain: _____

22. Current limits for: Commercial General Liability: _____ Accident: _____

Other; identify: _____ Limit: _____

23. Provide detail of applicant's loss history for the past three (3) years. No losses to report

Type of claim (Liability/Accident)	Paid by applicant or insurer	Amount Paid
_____	_____	_____
_____	_____	_____

24. Estimated annual gross receipts of the Applicant: _____

25. Additional information or remarks that will assist in the evaluation of this application: _____

IMPORTANT NOTICE: PLEASE READ CAREFULLY

1. It is understood and agreed that coverage **WILL NOT** apply to bodily injury to a participant unless the applicant implement sufficient procedures to secure from each participant, and deliver to us simultaneously with notice of a participant claim, a valid release and waiver of liability and indemnity agreement form as attached and made part of the policy, dated and signed by the participant prior to the time of the occurrence in which the participant was injured.
2. It is understood and agreed that the completion of this application **SHALL NOT** be binding either upon the Applicant nor the Company until accepted by the underwriting company or companies.

Applicants Signature

Position

Print Name

Date

FOR OFFICE USE ONLY