



GENERAL LIABILITY INSURANCE APPLICATION

Please note: This is a generic application. Please put N/A for Not Applicable when a question does not apply to you.

PART 1: GENERAL INFORMATION

Name of Applicant: (Personal / Group/ Association/ Society/ Company Name)

Two horizontal lines for name input.

Mailing Address:
City/Province: Postal Code:
Contact Name: Email:
Home phone# Cell phone#

PART 2: UNDERWRITING INFORMATION

EVENT SHORT-TERM/SEASONAL YEARLY

Effective Date : From Time To Time

*Please note: We can only insure you for a date in the future. We cannot insure you for a date that has already passed.

LOCATION OF ACTIVITIES (Name of Landmark, Civic Address, Province, Postal Code)

Three horizontal lines for location input.

Additional Locations : Yes: No: (Add details on page 4)

Description of activities (For additional space, please see page 4)

Three horizontal lines for activity description input.

Total Numbers of participants (Don't count the same person twice):

(Includes: Participants, Athletes, volunteers, coaches, managers, board members, officials, referees)

Participants Breakdown (# should be the same as the # of total participants above):

12 & under: 13-18: 19 & Over:

Are you serving or providing alcoholic drinks at any time? Yes: No:

If yes: When:

If yes: Is this a beer garden? Yes: No:

Name of Liquor Permit Holder: _____

Previous Experience producing this type of event: _____

Will grandstands or bleachers be used? Yes: No:

PART 3: SAFETY MEASURES

Describe safety measures and risk management plans in force, i.e. parking, traffic, security, supervision, first aid, emergency evacuation procedures, etc.

PART 4: COVERAGE REQUIREMENTS (PLEASE READ CAREFULLY & DON'T LEAVE BLANK)

LIABILITY LIMIT REQUESTED: (PLEASE SELECT AT LEAST ONE)

- \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

ADDITIONAL INSURED OR INDEMNIFICATION (PLEASE PRINT CLEARLY)

Explanation: The community centres, parks, spaces and/or facilities you use for your activities will require you to have the owner of that property's name on your insurance policy. They would like to be added as an "additional insured" or "additionally insured" to your insurance policy. Please provide the names of the cities, municipalities, landlords, facility owners and/or companies below. Please check with these property owners "HOW" they would like to be shown/written on the insurance policy.

For example: City of Burnaby, City of Surrey

PART 5: OPTIONAL COVERAGE

SPORT ACCIDENT (AKA - AD&D): Yes: No:

Explanation: Sport accident coverage is medical expenses coverage that pays over and above any provincial health plan and extended health plan. For example: Dental coverage, ambulance coverage, & physiotherapy coverage.

D&O - DIRECTORS & OFFICERS LIABILITY (MANAGEMENT LIABILITY): Yes:

No:

(If yes is selected, SBC will send you a separate application. This will be a separate policy).

Explanation: Directors and officers can be found liable for their decisions. Having a separate directors and officers liability policy will provide indemnification for their decisions beyond compensatory damages.

PART 6 – HISTORY & DECLARATION

HISTORY

1. Have you had an insurance loss or claim in the past 5 years? Yes:

No:

If yes, please provide the following details:

1. Date of Loss/Claim: _____

2. Name of Insurer: _____

3. Total Claim Amount (\$): _____

4. Description of Claim: _____

2. Has any company previously declined or cancelled any insurance coverage? Yes:

No:

3. Is the insurance applicant aware of any fact or circumstance which could give rise to a claim against the insurance Applicant or any of their present or former participants, athletes, volunteers, coaches, directors, managers, partners, officials, referees or trustees? Yes:

No:

Has any company previously declined or cancelled any insurance coverage? Yes:

No:

Previous Insurer: _____

Name & Policy Number: _____

Previous Premium: _____

DECLARATION / DISCLAIMER (PLEASE READ CAREFULLY)

By submitting this application, you declare that the above statements and particulars are true and that you have not suppressed or misstated any material facts, and that you agree that this declaration shall be the basis of any contract of insurance with the Insurer, and that the limits and deductibles as stated in the said quote or contract of insurance shall govern. It is understood and agreed that the completion of this application does not bind the Insurer to the issue of the insurance nor the Applicant to the purchase of the insurance. It is further understood and agreed that if, following submission of this application to the Insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing with regards to this application, the Insurer shall be immediately notified in writing of such information. Please Note, the policy does not cover any claim or circumstance stated above or any act, error, omission or circumstance which could give rise to a claim, of which the Applicant has knowledge prior to the inception of the insurance policy.

Do you accept this declaration (please check one)? Yes:

No:

