



# CANADIAN SPORTS INSURANCE BROKERS

## HOST TOURNAMENT INSURANCE APPLICATION

### GENERAL INFORMATION

Name of Tournament:

Contact Name:

Mailing Address:

Telephone Number:

Fax Number:

E-mail Address:

### UNDERWRITING INFORMATION

Number of Teams in Tournament:

Dates of Tournament:

Will all teams participating have their own insurance policy?      YES      NO

Do you require accident coverage for referees?      YES      NO

Would you like to promote your tournament on CSIB's website?      YES      NO

If YES, please provide the link:

X      Date

Applicant's Signature

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