



## HOCKEY SCHOOL INSURANCE APPLICATION

### BROKER INFORMATION SECTION

NAME OF  
BROKERAGE:

ADDRESS:

CONTACT NAME:

EMAIL ADDRESS:

PHONE NUMBER:

FAX NUMBER:

### TEAM INFORMATION SECTION

Official Name of  
Hockey School:

Office/Mailing Address:

Contact Name:

Location of Arena:

Term of Hockey School:

ANNUAL

SHORT TERM

Dates of Hockey  
School:

Years of Experience  
Operating Hockey  
School:

Does your school teach or have drills with any **body checking or boarding** activities?

YES

NO

If YES, please explain:

Total # of Instructors:

Total # of Participants under 13:

Total # of Participants  
14 to 18:

Total # of Participants over 19:

Ratio of Coaches to  
Participants:

List or attach  
Certificates of Training/  
Experience of  
Instructors:

List Name of Instructors and their respective ages:

Name:

Age:

Name:

Age:

Name:

Age:

Describe any social events that take place during your school:

Attach a copy of your application, waivers, releases & any school pamphlets.  
Enclosed:

Application	YES	NO	Waivers & Releases	YES	NO
Are any American students registered/ participating?	YES	NO	School Pamphlets	YES	NO

Please confirm that American participants carry medical coverage.

X  
Signature

Losses: List and explain any losses that have been paid by your insurance policies:

Name of current insurance carrier & policy number:

Has any insurance company ever cancelled or refunded your organization coverage?	YES	If YES, explain.
	NO	

Desired Effective Date:

Any additional information or remarks that you believe may help us in evaluating your application will be appreciated. Please use the space provided or attach a separate piece of paper.

**IMPORTANT NOTICE:**

**PLEASE READ CAREFULLY:**

**IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES UNDERWRITING THIS APPLICATION. APPLICATION REQUIRES SIGNATURE, FAILURE TO SIGN DELAY'S PROCESSING TIME.**

X  
Signature of Applicant

Position:

Date:

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