

**OFFSEASON SPRING/SUMMER HOCKEY ORGANIZATION INSURANCE APPLICATION****BROKER INFORMATION SECTION**

NAME OF BROKERAGE:

ADDRESS:

CONTACT NAME:

EMAIL ADDRESS:

PHONE NUMBER:

FAX NUMBER:

**TEAM INFORMATION SECTION**

NAME OF ORGANIZATION:

MAILING ADDRESS:

EFFECTIVE DATE:

FAILING TO FILL OUT FORMS COMPLETELY MAY RESULT IN LOSS OF COVERAGE

LIMIT OF LIABILITY: **\$5,000,000**

# OF CONTACT TEAMS

# OF NON-CONTACT TEAMS

# OF MALE PLAYERS:

# OF FEMALE PLAYERS:

TOTAL # OF COACHES/  
MANAGERS/TRAINERS  
(max 4 per team).**TOTAL # OF  
PARTICIPANTS:**HOSTING  
TOURNAMENTS?

YES

NO

TOURNAMENT OUT  
OF COUNTRY?

YES

NO

**IF YES: OUT OF COUNTRY ACCIDENT INSURANCE IS REQUIRED.**

DATES OF TRAVEL:

# OF PLAYERS:

# OF COACHES/  
MANAGERS:

DESTINATION:

Have you had any liability  
claims in the past five years?

YES

NO

If YES:

Has any insurer cancelled,  
declined or refused you  
coverage for any reason?

YES

NO

ADDITIONAL INSURED (s)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RATING GRID (FOR IN OFFICE USE ONLY)

Liability Flat Fee: \$150

Liability per player: \_\_\_\_\_

Accident for players: \_\_\_\_\_

Accident for coaches/managers: \_\_\_\_\_

Agency fee: \_\_\_\_\_

**Total Premium:** \_\_\_\_\_