



OFFSEASON SPRING/SUMMER HOCKEY INSURANCE APPLICATION

BROKER INFORMATION SECTION

NAME OF BROKERAGE:

ADDRESS:

CONTACT NAME:

EMAIL ADDRESS:

PHONE NUMBER:

FAX NUMBER:

TEAM INFORMATION SECTION

NAME OF TEAM:

EFFECTIVE DATE:

MAILING ADDRESS:

CITY, PROV, POSTAL:

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

CONTACT HOCKEY?	YES	NO	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:

LIMIT OF LIABILITY: \$5,000,000

AGE GROUP/DIVISION:

ADDITIONAL INSURED
(s)

Signature: _____

Date: _____