



5800 Explorer Drive, Suite 101
 Mississauga, ON L4W 5K9
 905-602-9339 or 800-753-2632
 Fax: 905-602-9141
 www.kandkcanada.com
 K&K Insurance Brokers, Inc. Canada

PARTICIPANT ACCIDENT APPLICATION

Policy period required from: _____ to _____
(Year) (Year)

INSURED

1. Named Insured as it is to appear on policy: _____
2. a) Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone Number (_____) _____ Fax Number (_____) _____
 Web Site: _____

BROKER

6. Name of Agent/Brokerage: _____
7. Contact Person: _____
 Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone Number: (_____) _____ Fax Number: (_____) _____
 E-mail Address: _____

GENERAL INFORMATION

1. Break down participation by type of events and age:
 Total Number of Participants: _____ Age Range of Participants: _____

	TYPE OF EVENTS	NUMBER OF PARTICIPANTS
Aged 12 and Under:	_____	_____
Aged 13 to 18:	_____	_____
Aged 18 and Older:	_____	_____
Aged 60 and Older:	_____	_____

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE

2. Type of Insured Operation: League Only Single Event Commercial Operation
3. Type of Commercial Operation:
4. Type of League/Event:

UNDERWRITING INFORMATION

1. Are emergency procedures in place? Yes No Tested? Yes (Attach copy of procedure) No

2. Do you require any emergency vehicle and licensed EMT at each event? Yes No

If no, please explain: _____

3. If an emergency vehicle is not on site, what is the average emergency response time? _____

4. Is first aid available to both participants and spetators at the event location(s)? Yes No

Please explain: _____

5. Describe medical, security and evacuation procedures: _____

6. Is the insurance program: Mandatory Optional, please explain: _____

If optional, how many members are eligible to participate in your insurance program? _____

7. Are all coaches/trainers certified? Yes No

Please explain certification process: _____

8. Are all practices, contests and ancillary events sanctioned and supervised by you? Yes No

9. Do you have sanctioning procedures in place: Yes(Attach copies of sanction requirements and application) No

10. Are you a member of an association or other organization which promotes or governs the activities named above? Yes No

11. Are participants ever transported to or from practices or competitions at your direction and under your supervision? Yes No If yes, please describe: _____

12. Is a K&K approved waiver and release form read and signed by all persons entering a restricted area prior to entry? Yes (Please attach a copy of form(s)) No

13. Are coaches and officials to be covered? Yes No

14. Are volunteers included in coverage? Yes No How many? _____

15. Please indicate any additional information which you feel is important here: _____

ANCILLARY EVENTS INFORMATION- Describe any events or activities

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE

PRIOR CARRIER INFORMATION- We require currently valued loss runs for each of the last four years K&K was not on the account.

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES

PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)

16. Limits requested for Accidental Death & Dismemberment/Medical:

\$10,000 \$15,000 \$20,000 \$25,000 \$50,000

Deductible: \$0 \$50 \$100 \$250 \$500

17. If this is a commercial operation, do you want a quote for Weekly Accident Indemnity for owners and hired full-time employees: Yes No

Number of Owners: _____

Number of Employees: _____

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- Copies of diagrams and photographs of each location showing all spectator and participant areas where covered activities take place.**
- Copy of the previous/present policy**
- Broker of Record letter. (if applicable)**
- Copies of waiver/release forms.**
- Copies of rules and regulations, safety manuals and sanction requirements and application.**
- Four years of company loss runs (company copy including reserves)**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date