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 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 spectators 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