



1192 – 100th Street, North Battleford, SK. S9A0V5 Phone: 1-866-979-2747 Fax: 1-866-488-6122
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LIABILITY INSURANCE APPLICATION FOR CLUBS

Please answer all questions fully. If a question does not apply mark it as "N/A" If there is not enough room to answer in the space provided please attach details.

1) Applicant's Legal Name: _____

Operating as: _____

2) Mailing Address: _____

3) Date of Incorporation: _____

4) Telephone: _____ Fax: _____

5) Email Address: _____ Website: _____

6) Contact Person: _____ Title: _____

7) Annual Revenue From: a) Membership dues: _____

b) Fund raising (describe): _____

c) Grants (describe): _____

d) Other (describe): _____

8) Number of Employees: _____ (whether paid or not)

9) Number of Members: _____

10) Number of non-member volunteers: _____

11) Number of events in the next 12 months without liquor: _____

List all Events (attach list if necessary):

_____ No. of Participants: _____ No. of Spectators: _____

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12) Number of events in the next 12 months with liquor: _____

List Events (attach list if necessary):

_____ No. of Participants: _____ No. of Spectators: _____

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13) Who supplies liquor or supplies the license: _____

14) Do you own, maintain, operate or sign any trails? _____ if yes, how many kms: _____

Provide complete details of the trails including bridges, trestles, water crossings, level of difficulty and the extent of your responsibility: _____

Is there other Insurance in place on any of the above trails? _____ if yes, how many kms: _____

What is the Limit of Liability: _____
(Copy of agreement or certificate of insurance is required)

Who is responsible for maintenance, inspection and engineering? _____

15) Do all members have their own Liability Insurance? _____

What is the minimum limit required: _____

If the answer to question 15 is "No" please explain: _____

16) List all activities of the club: (such as meetings, membership drives, trail activities etc.)

17) Loss History for the last five years: _____

18) If you are required to provide Certificates of Insurance please provide details: _____

19) Have you ever had insurance cancelled or non-renewed for any reason?: _____

20) If you publish a newsletter please attach a copy.

THIS IS AN APPLICATION ONLY AND DOES NOT CONSTITUTE OR IMPLY ANY INSURANCE COVERAGE IS IN FORCE.

Applicants' Signature: _____

Date: _____

Title or Position: _____