



[Accident & Health Application]

GROUP ACCIDENT INSURANCE APPLICATION



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GROUP ACCIDENT INSURANCE APPLICATION

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Group: _____

Name of Contact: _____

Street Address: _____

Postal Code: _____

Telephone: _____ Fax: _____

Email: _____ Web: _____

Nature of Business: _____

Standard Industrial Classification (SIC): _____

Is this a provincial governmentally run entity? Yes No

PART 2 RISK DATA

Type of Group:

Team / League Club Association ** Not for Profit Employer Camps / Clinics

Other: (Please describe): _____

*** If Association, please provide copy of Bylaws.*

Description of Covered Persons: _____

Describe Activities to be Covered: _____

Participating in Covered Activities only? Yes No Travel to and from Covered Activity? Yes No

PART 3 BENEFITS SCHEDULE

Principal Sum Requested: \$ _____ OR select either Coverage Option A or B

SCHEDULE OF BENEFITS	<input type="checkbox"/> COVERAGE OPTION A	<input type="checkbox"/> COVERAGE OPTION B
Accidental Death (Principal Sum)	\$50,000	\$100,000
Accidental Dismemberment	\$50,000	\$100,000
Accidental Weekly Disability (52 Weeks)	\$300	\$500
Paralysis	\$100,000	\$200,000
Accidental Para-Medical	\$5,000	\$5,000
Accidental Dental Expense	\$1,000	\$1,000
Aggregate Limit per Accident	\$500,000	\$1,000,000

PART 4 LOSS HISTORY

Check here if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

***Please attach any available insurance company loss reports with this application**

PART 5 EXPOSURE

Number of Participants:

Aged 12 Years & Under:

13 – 15 Years of Age:

16 – 18 Years of Age:

19 & Older:

What is Maximum age?

Amount of Exposure by each Participant (# of Events, Meetings, Length of Session(s), Tournaments, etc). Please detail below:

Requested date of Coverage:

From:

To:

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

BROKER DECLARATION

How long have you known this applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the applicants operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this applicant? _____

Broker's Signature: _____

Position: _____

Please print name: _____

Date: _____