



**RENEWAL PROPOSAL FORM FOR GENERAL LIABILITY &
ERRORS AND OMISSIONS**

- Please remember that it is a condition of your Insurance Policy to keep your Insurers informed, especially at renewal, of any material facts or changes that may affect your policy.
- Failure to do so may result in claims not being paid or cover being declared inoperative.
- In addition, where specific information is requested, it is important to inform your Insurers as fully and as completely as possible in response to the questions asked.
- If you have any doubts or concerns please contact your broker.
- In any event, it is your responsibility to ensure that your broker provides all information to the Insurers so that they may consider the proposed renewal with the benefit of the fullest possible relevant information.

1. Name of Insured:.....
.....
2. Is the Insured Incorporated: Yes () No ()
3. Contact Name:.....
4. Phone:..... Fax:.....
5. Address:.....
.....Postal code:.....
6. Email:.....
Website:.....
7. Activities Undertaken by the Insured:.....
.....
8. Number of Participants - 12 & under:..... 13-18:..... 19 & over:.....
9. Number of Coaches:..... Number of Volunteers:.....
10. Number of Officials/Referees:..... Board members:.....
11. Total number of members to be insured (including participants, Coaches, etc.):.....

PLEASE COMPLETE THIS SECTION FOR GENERAL LIABILITY COVER

12. Advise any changes that have occurred (Eg. Scope of Operation, different activities undertaken):.....
.....
.....

GENERAL LIABILITY AND ERRORS AND OMISSIONS CLAIMS

13. Are there any incidents that could lead to a claim that have not been reported to Sutton Special Risk at this time? Yes () No ()
If yes, please attach full details:.....
.....
.....

THIS DECLARATION MUST BE COMPLETED IN ALL CASES

DECLARATION

For and on behalf of the Applicant I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The Applicant's acceptance of the company's quotation and the company's acceptance of the applicant's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Insured I:

- have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- am a duly authorized officer of the Insured applying for insurance for the purpose of completing this application.
- have read and understood the information concerning the disclosure of material fact and understand that this is a contract of utmost good faith.
- agree on behalf of the applicant to Sutton Special Risk obtaining from the applicant's previous insurer(s) any information it may need about prior claims or insurance history.
- agree to Sutton Special Risk making enquiries from any third party to verify claims history and other information disclosed herein or statements made by the applicant or its representatives in making this application.
- agree to Sutton Special Risk disclosing to any insurance intermediary appointed by the applicant or to any former or future insurer of the applicants the claims history or any other information as may be determined.

IMPORTANT – Proposal Information

1. **Disclosure of Material Fact** – Any material facts known to you must be disclosed. A material fact is one which could influence an underwriter in the assessment and acceptance of this proposal. Should you have any doubt as to whether a fact is material, it should be disclosed for your own protection as failure to disclose such fact may invalidate the policy. You are recommended to keep your own records (including copies of letters) of all information supplied to us in arranging this insurance. A copy of your completed proposal form is available on request.
2. **Utmost Good Faith** – The insurance is a contract based on the utmost good faith requiring Underwriters and the proposer/insured(s) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

Full Name Position held.....

Signature Date/...../.....
(dd/mm/yy)

Please return this form to your accredited Sutton Special Risk Broker

SUTTON SPECIAL RISK

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