



# Philadelphia Insurance Companies

## Hockey League or Camp Coverage Renewal Confirmation

Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

May we e-mail all correspondence including policies/certificates?  Yes  No

### Additional Insured Information

Please attach a list of additional insureds including a complete names and addresses.

### Waiver and Release System Requirement

You must maintain a system to regularly secure signed Waiver and Release forms from participants allowed to enter restricted areas and to prevent restricted area credentials from being issued before participants have properly signed and executed the Waiver and Release forms. For minor participants (under eighteen [18] years of age), you must always maintain a system to secure valid Minor Waiver and Release forms signed by the parent or legal guardian.

Unintentional error on your part in securing Waiver and Release or Minor Waiver and Release forms will not void your coverage in the event of an "occurrence" to a participant. However, your failure to maintain an adequate system to regularly secure Waiver and Release or Minor Waiver and Release forms will void your coverage in the event of an "occurrence" to the participant.

When you notify us of an "occurrence" involving a participant, you will also provide us with a valid Waiver and Release form that has been signed and dated by the participant prior to the time of the "occurrence".

If the participant is a minor (under eighteen [18] years of age), you will provide us with a valid Minor Waiver and Release form that has been signed by the parent(s) or legal guardian(s) of the minor participant.

### Combined Liability and Accident Premium Calculation

League: Number of Youth: \_\_\_\_\_ Rate per Participant: \_\_\_\_\_ Total: \_\_\_\_\_

Number of Adult: \_\_\_\_\_ Rate per Participant: \_\_\_\_\_ Total: \_\_\_\_\_

Camps: Total number of Youth camper days \_\_\_\_\_ Rate per day \_\_\_\_\_ Total: \_\_\_\_\_

Total number of Adult camper days \_\_\_\_\_ Rate per day \_\_\_\_\_ Total: \_\_\_\_\_

Please attach a schedule of the camps and participants if necessary.

### Applicant's Statement and Declarations

The applicant declares to the best of his/her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

\_\_\_\_\_  
Applicant's Signature Date