



Sports Accident Insurance Application

League Team Club Association

Sport(s):

Name of League, Team, Club or Association:

Address of League, Team, Club, Association or Manager:

.....

Location of Team, Club or Association:

League Affiliation:

Number of Participants, broken down as follows:

Age:	12 & Under	13 to 16	17 & 18	Over 18	
	.....	.....	.....	.....	SubTotal

Position:	Managers	Coaches	Officials	Administrators	
	.....	.....	.....	.....	SubTotal

Total _____

Date of First Practice (D/M/Y): Date Season Ends (D/M/Y):

It is agreed that any claim form when presented will certify that the claimant was actually injured while playing, practicing or travelling as a member of the above league, team, club or association.

Enclosed is a \$ cheque or money order to cover all participants outlined above. The cheque must be negotiable immediately and made payable to **AXA Assurances Inc.**

Signature of Manager or Sponsor

Date (D/M/Y) Telephone: (.....)

Notes: If more than one sport is involved kindly provide detailed data for each sport.

- 8% PST applies to the premium in Ontario
- 9% PST applies to the premium in Quebec

Return your completed application to: bill@wledwards.com or fax to: 705 432-2819 Bill forwards app to Toronto

Toronto Office
1075 Bay Street
Toronto, Ontario M5S 2W5
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