

2020-2021 Insurance Application Form

Ontario Cheerleading Federation members are eligible to obtain insurance coverage through the OCF insurance program. This program is not available to non-members. The program is administered by Gallagher Insurance.

What is Covered?

Activities of the club which are sanctioned activities of Ontario Cheerleading Federations to support the Sport of cheerleading.

CLUB INFO

Full Club / School Name

Mailing Address	Street:	Unit:
	City:	Prov:
		Postal Code:

Contact Person:

Primary Phone #:	Secondary Phone #:
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Email address:

OCF MEMBERSHIP CONFIRMATION

Is your club a member in good standing with Ontario Cheerleading Federation? Yes No

FACILITY INFORMATION

Is your facility : Leased/Rented Owned

Facility Address:	Street:	Unit:
	City:	Prov:
		Postal Code:

Phone #

Landlord name and address: complete this section if your landlord is requiring a certificate of insurance for your coverage.

*** If there is more than one more than one location add an additional page and list all facility information

Application continues on page 2 --->

INSURANCE	
Total # of Athletes	_____ (a)
Total # of Coaches / Administrators	_____ (b)
Total of (a) + (b)	_____ (c)
Total x \$35.00 per person	_____ (d)
8% tax	_____ (e)
Total due for insurance	_____ (f)

(*** An invoice will be sent to you after coverage is bound.)

Authorized signature: _____

Date: _____

Proof of affiliation with OCF will be confirmed with the organization.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING TO THE COMPANY UNTIL ACCEPTANCE IS PROVIDED.

Applications are to be submitted to the OCF directly:

Email: membership@ocfcheer.com

Scanning and emailing these forms is the ONLY way the OCF will accept them

Liability Coverage

Coverage	Deductible	Limit of Insurance
Commercial General Liability Form		
CGL Each Occurrence Limit		\$5,000,000
Commercial General Liability Per Occurrence Deductible		
Property	\$1,000	
Bodily Injury	\$1,000	
Personal & Advertising Injury		\$5,000,000
Voluntary Medical Payments – Third Party (any one person)		\$10,000
Participant Liability		Included
Employers Liability Extension		Included
Premises, Property & Operations Liability		Included
Products / Completed Operations/ Aggregate Limit		\$5,000,000
Incidental Medical Malpractice (Non-professionals)		Included
Tenants Legal Liability (any one premises)	\$1,000	\$2,000,000
Errors & Omissions Liability Per Occurrence	\$1,000	\$1,000,000
SPF 6 – Non-Owned Automobile		\$5,000,000
SEF 96 – Contractual Liability Endorsement		Included
SEF 94 – Legal Liability for Physical Damage to Non-Owned Automobiles	\$1,000	\$50,000
SEF 99 – Excluding Long Term Leased Vehicles		Included
O.E.F. 98B – Reduction of Coverage for Lessees or Drivers of Leased Vehicles Endorsement		Included
Additional Insured – Blanket Basis		Included
Cross Liability Clause		Included
15 Day Cancellation Notice		Included
Liquor Liability Exclusion (form 5210800)		Included
Abuse Exclusion (form 5211110)		Included
Additional Named Insured (form 5340000)		
Legal Defense Expenses/Aggregate Limit (form 5249933) (applicable to Ontario Cheerleading Federation only)	\$500	\$25,000
Territory - Worldwide (with suits brought in Canada and the United States of America including its territories and possessions)		Included
Minimum Retained Premium – 75% of annual premium		Included

The description of coverage contained herein is not complete, and reference must be made to the actual terms and conditions of the applicable policy forms

GameDay Insurance Inc. /AVIVA Insurance Company of Canada

Sport Accident Coverage

Coverage	Limit of Insurance
Sport Accident Coverage Form	

Principal Amount	\$50,000
Fracture Indemnity Amount	\$1,000
See Section I and Section II for Amounts Payable	
Dental Accident Reimbursement	\$10,000
Dentures, Removable Teeth, Hearing Aids, Eyeglass and Contact Lenses	\$200
Emergency Transportation – any one Insured Person	\$50
Family Transportation – any one Insured Person	\$2,500
Medical Expense Reimbursement – any one Insured Person	\$15,000
Prosthetic Appliances – any one Insured Person	\$3,000
Rehabilitation – any one Insured Person	\$3,000
Repatriation – any one Insured Person	\$5,000
Tuition Benefit – any one Insured Person	\$2,000
Aggregate Limit Payable for any one Accident	\$1,000,000
Weekly Income – Waiting Period – 30 days	\$100