



## 2024 OASA Insurance Application Form

In order to activate insurance coverage for 2024 (Jan 1 - Dec 31) the contact person, on behalf of the teams or association to be covered, agrees to follow all OASA Guidelines (as posted on [www.oasa.ca](http://www.oasa.ca)) or submit their own Guidelines to the OASA Insurance Coordinator. Failure to follow all OASA Guidelines will void any insurance coverage.

|                                |  |
|--------------------------------|--|
| Team / Association Name: _____ |  |
| Contact Person: _____          | Phone Number: _____                    |
| Address: _____                 |  |
| City: _____                    | Province: <u>ON</u> Postal Code: _____ |
| Website: _____                 |  |
| Email Address: _____           | Season Start Date: _____               |

| <b>Liability Insurance*</b>   |   |   |         |   |               |
|---|---|---|---------|---|---------------|
| <small>*Please ensure that third-party information below has been filled out completely, if applicable.</small> |   |   |         |   |               |
| Association Executive Coverage  | 0 | X | \$80.00 | = | \$0.00        |
| Number of Non-affiliated Teams (House League, Recreational, Select)   | 0 | X | \$80.00 | = | \$0.00        |
| Number of Affiliated Teams (playing in OASA Qualifier, Elimination or Provincial Tournaments)                   | 0 | X | \$80.00 | = | \$0.00        |
| <b>Total Liability Insurance</b>  |   |   |         |   | <b>\$0.00</b> |

| <b>Third Party Coverage</b>  |   |   |         |                    |               |
|--|---|---|---------|--------------------|---------------|
| Is a Third Party named as insured required on your Certificate? If yes, you MUST provide the Legal Name(s) of any Third Party to be insured. Please provide a separate list if more than 1 Third Party is to be named. |   |   |         |                    |               |
| Legal Name: _____  |   |   |         |                    |               |
| Address: _____   |   |   |         |                    |               |
| City: _____  |   |   |         | Postal Code: _____ |               |
| <b>Number of Third Parties:</b>  | 0 | X | \$50.00 | =                  | <b>\$0.00</b> |

| <b>Sport Accident Insurance **</b>   |   |   |         |   |               |
|--|---|---|---------|---|---------------|
| <small>**Sport Accident Insurance is NOT available unless Liability Insurance has been purchased</small> |   |   |         |   |               |
| Number of Adult Teams (any member over 18)   | 0 | X | \$60.00 | = | \$0.00        |
| Number of Minor Teams  | 0 | X | \$40.00 | = | \$0.00        |
| <b>Total Sport Accident Insurance</b>  |   |   |         |   | <b>\$0.00</b> |

**Total Liability, Third Party and Sport Accident Insurance** **\$0.00**

By checking in the red box with an 'X' you are consenting to the

**Signature / eSignature:**  use of your electronic signature.

Insurance application forms are to be emailed to the Insurance Coordinator.

All payments (cheques payable to OASA or e-transfers) are to be sent to the Treasurer with a copy of this application and a listing of all of the teams to be insured. For e-transfers please provide the league / association name or team name and division.

| Payment Method:                  | e-transfer            | cheque               |
|----------------------------------|-----------------------|----------------------|
| <b>Insurance Coordinator</b>     | <b>Treasurer</b>      |                      |
| email:                           | c/o Dave Northern     | e-transfers:         |
| insurance.oasasoftball@gmail.com | 1934 Parkside Drive   | oasa1923@outlook.com |
|                                  | Pickering, ON L1V 3N5 |                      |

Team, Coach and Player information must be provided to the OASA Insurance Coordinator in order to ensure that your insurance is in force and valid. Only individuals that have provided their information will be deemed to be insured.

Please note that your insurance coverage and membership with the Ontario Amateur Softball Association expires on January 1 following the year in which your fees are paid.

#### **POLICE RECORDS CHECK POLICY:**

It is the policy of the OASA that a current (<=5 years old) Police Record Check / Vulnerable Sector Search - with a declaration signed yearly is required for any individual who is in a position of trust or authority while working with youth (under the age of 19). It is the responsibility of each team, league or association to ensure that Police Record Checks / Vulnerable Sector Searches have been completed.

#### **PRIVACY ACT:**

By providing the Ontario Amateur Softball Association (OASA) with your information on this registration form, you are giving consent to the OASA to collect and use your information for the following purposes: receiving communications from the OASA, Softball Ontario and Softball Canada, the publication of your Association's contact information on the OASA's, Softball Ontario's and Softball Canada's websites to assist in promoting registration, and the reporting of registration information to Softball Ontario or to comply with Sport Recognition and Sport Priority Funding requirements.

Association contact information and program offerings may also be released to potential participants to assist in placing them in finding a local association. I understand that I may withdraw consent to the collection, use or disclosure of my Association's information at any time by contacting the OASA.

#### **Please read this section:**

##### **Section 1: Contact / Association Information**

If you can please be sure to use the same name as is on your certificate, unless you have changed the name of your association or league or if it was wrong. In some centres we have several associations and it helps to find you and to keep our records up to date.

##### **Section 2: Liability Insurance**

It is recommended that Association Executive insurance be obtained by all leagues to provide coverage for officers, directors, employees or volunteers (i.e. all off field positions).

Team Liability Insurance is mandatory for play in all OASA tournaments.

Most other tournaments will carry their own liability insurance, but that usually assumes that all teams will carry their own liability insurance. Check with your tournament coordinator.

Affiliated teams are those who have affiliated with the OASA to play in qualifier, elimination or provincial tournaments or play downs run by the OASA, all others are deemed to be non-affiliated.

##### **Section 3: Named Third-Party**

Most Municipalities and School Boards require that your certificate name them for you to get your permits. Whoever issues your permit will be able to give you this information about the legal name required.

##### **Section 4: Sport Accident Insurance (Optional)**

We recommend the Sport Accident Insurance as additional peace of mind. Concussions and dental injuries can have long term affects and this helps to cover some of the costs. Adult teams are those with ANY player over 18 years of age.