



Baseball B.C.

APRIL 1st to MARCH 31st (each year)

CANADIAN COLLEGE BASEBALL CONFERENCE ACCIDENT & LIABILITY INSURANCE APPLICATION

Purchase of insurance MUST be authorized by an executive of your league/association:

Date Completed: _____

College Team: _____

Person Completing: _____

Title: _____

Address: _____

City: _____ Postal Code: _____

E-mail: _____

Phone: (R) _____ (B) _____ (F) _____

Signature: _____

We wish accident & liability insurance and enclose:

PREMIUM: # _____ players/coaches = **\$ 250.00** (TOTAL per TEAM)

If not already displayed on the Baseball BC Certificate, please add the following as additional insured (e.g. municipalities, government dept., facility, etc.):

Retain a copy for your records...

E-mail or return this signed form to scottm@baseball.bc.ca

Then please send payment cheque to:
BASEBALL B.C. – INSURANCE APPLICATION

#310 – 15225 104th Ave.

Surrey, B.C. V3R 6Y8

Tel: (604) 586-3310 Fax: (604) 586-3311

FOR OFFICE USE ONLY:

Date received: _____ Amount: _____ BCABA: _____