

Sask Sport Group Insurance Program

APPLICATION

PSGB Name → _____

Contact Name → _____

Contact Phone No.: → _____

Complete Address → _____

E-mail Address → _____

Fax No.: → _____

Number of Members → _____

Sport Liability

Number of Members → _____

Employee Dishonesty

Number of Employees → _____

Sport Accident

Limit → \$25,000

Number of Members → _____

Future Dental → Yes No

Out-of-Country → Yes No

Number of Participants → _____

Number of Days → _____

Miscellaneous Property

Property Limit → _____

Signed: _____

Date: _____



Please Return Signed Completed Form to:
Susan Fedyck
Phone: (306) 569-6715
Fax: (306) 359-0387
E-mail: susan.fedyck@aon.ca