



TO / À: Provincial Union Presidents
Provincial Union Executive Directors

FROM / DE: Bob Kreasul

CC / CC: Rugby Canada Board of Directors

DATE: Wednesday, May 2, 2007

SUBJECT/OBJECT: **High Schools, Colleges, Universities
Insurance and Registration**

Dear Member Unions,

There has been a good deal of discussion surrounding registration of schools (high school / college and university). Below, please find some clarifying points on this category of registration / insurance:

1. In order to sanction a school game (high school / college or university), all players must be registered with their Province and therefore with Rugby Canada.
2. If there is no insurance coverage provided by the participating schools school board, Rugby Canada offers coverage for \$500.00 per team / year, plus a \$5.00 per player / member assessment **ONLY** if the teams entire league is registered. This ensures equal coverage for school on school competition and also ensures that no one school will compete against a school without insurance coverage.
3. Colleges and universities must register with their Provincial Unions if the Provincial Union or Rugby Canada is to provide referees. The same information as for high schools is required above.

Please find attached a copy of the insurance form that must be completed by each school if they will be providing their own coverage. This form must be completed and submitted to the Provincial Union office. In addition to this form, a roster of all PLAYERS / COACHES / MANAGERS (names, addresses, postal code and phone numbers) must also accompany this form. A cheque in the amount of \$5.00 per person must also accompany the insurance form and registration summary (roster). Sanctioning and registration is not complete until the Provincial Union office receives all of this information and gives their approval.

Should you have any further questions, please do not hesitate to contact me at bkreasul@rugbycanada.ca or at (905) 780-8998 extension 237.

Sincerely,
Rugby Canada

Bob Kreasul
Registration and Insurance





REQUEST FOR CERTIFICATE OF INSURANCE

DATE: _____

COMPANY/ORGANIZATION REQUESTING CERTIFICATE: _____

ADDRESS: _____

TYPE OF COVERAGE REQUIRED

- () Commercial General Liability
Limit Required \$ _____
- () Tenants Legal Liability
Limit Required \$ _____
- () Host Liquor Liability
Limit Required \$ _____
- () Added as Additional Insureds but only with respect to the liability arising out of the operations of the named insured. Name & Address: _____

- () Extensions Required _____

- () Commercial Property Insurance
Description of Property _____
Limit Required \$ _____
- () Added as mortgagee/loss payee. Name & Address _____

- () Other. Please specify _____

Operations to which this certificate applies: _____

DATE CERTIFICATE REQUIRED: _____

SEND TO: _____

PHONE: _____ FAX: _____ EMAIL: _____

C.C. TO: _____

PHONE: _____ FAX: _____ EMAIL: _____