



P.W.S.A. INSURANCE INFORMATION FORM

FAST PITCH SOFTBALL ASSOCIATION OR LEAGUE INFORMATION 2024 (NON-AFFILIATED TEAMS ONLY)

Association Name: _____
Contact Person: _____ Phone Number: _____
Address: _____ Postal Code: _____ Province: _____
City: _____ Email Address: _____
Website: _____

INSURANCE DETAILS 2024

Liability Insurance

Association Board _____ \$150.00
of Associated Teams Adult _____ @\$85.00
of Associated Teams Minor _____ @75.00

Total Liability Insurance:

Total Due: \$ _____

Accident & Liability Insurance

Number of Adult Teams _____ @ \$160.00 / Team
Number of Minor Teams ** _____ @ \$125.00 / Team
Total Accident & Liability \$ _____

* Accident Insurance is NOT available unless Liability Insurance has been purchased.

** Minor Teams must have players under 19 years of age.

THIRD PARTY / ADDITIONAL INSURED REQUESTS

Third party/additional insured certificates are available for an additional fee of \$200.00/third party.

Please use the 2024 - 3rd Party Insurance form found on our [Insurance page](#) Please

complete the form and mail with your cheque (made payable to P.W.S.A.) to:

Mrs. Cathy Bilinski
P.W.S.A. Insurance Coordinator
578 Dunrobin Crt.
Oshawa, Ontario
L1J 7P3

PRIVACY ACT

By providing the Provincial Women's Softball Association (P.W.S.A.) with your Association's information on this registration form, you are giving consent to the P.W.S.A. to collect and use your Association's information for the following purposes: of receiving communications from the P.W.S.A. and Softball Ontario, the publication of your Association's contact information on the P.W.S.A.'s and Softball Ontario's website to assist in promoting registration, and the reporting of registration information to Softball Ontario. Association contact information and program offerings will also be released to potential participants to assist in placing them in 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 P.W.S.A.

SIGNATURE

Signature _____ Date _____