

SPECIAL EVENT LIABILITY INSURANCE

1. Applicant Name:

Address:

City:

Province:

Postal code:

Web site:

Role of Applicant:

Individual

Partnership

Corporate

Group

Other

(describe) :

Interest of Applicant in premises, if any: Owner

Tenant

General Lessee

Other:

2. Event Details:

A. Description of the event:

B. Has this event ever been held in the past?

Yes No

C. Is this part of a larger event

Yes No

D. Who is the target audience?

3. Effective dates:

Event date:

From:

To:

Coverage Period required

From:

To:

4. Is there a back rail on top row?

Yes No

5. Is there a Hold Harmless Agreement in connection with any bleachers not owned?

Yes No

6. Who erects and maintains any non-owned bleachers?

E. 1) Will any permanent grandstands be used?

Yes No

2) Construction:

3) Capacity:

4) General condition:

5) Age:

6) Are ushers, ticket takers, hawkers, etc., provided by:

Applicant

Others

Please explain:

5. A. If event is held within buildings, are premises designed for such use?

B. What is construction of building?

C. General condition of building?

D. Is panic hardware used on all exits?

Yes No

E. Is building designed for such usage?

Yes No

Please describe building in detail:

6. Estimate number of:

A. Participants:

Revenue from Admissions: \$

B. Spectators:

Total Receipts: \$

C. Employees:

Payroll: \$

7. A. Will there be any exposure in connection with:

1) Swimming pools? Yes No

2) Ski tows or lifts? Yes No

3) Toboggans, slides, elevators, motor vehicles, aircraft, speed contest, explosives, excavation, demolition, firearms or use of bottle of gas?

Yes No

4) Rides? Yes No

5) Stunts? Yes No

6) Pyrotechnics? Yes No

7) Any other special activity? Yes No

If yes, please give details:

If you answered Yes to any of the above, please fill out the appropriate Supplemental Questionnaire.

B. Will any mobile equipment be used during the event?

Yes No

If yes, please specify:

8. If products coverage is desired, please indicate kind of food served, by whom and type of concession(s):

9. Will alcohol be served/sold at the event?

Yes No

10. Limits Of Insurance requested:

Combined single limit: \$

Medical payments: \$ per person
\$ per accident

11. Does the risk have your unqualified recommendations?

Yes No

12. Are there any first aid facilities on the premises?

Yes No

If yes, please describe:

13. A. Will Applicant secure certificated of insurance from the owners or operators who stage the event or otherwise operate under contract with the Applicant?

Yes No

B. What limits of liability are required by Applicant? \$

C. Is Applicant required to furnish certificated?

Yes No

If yes, to whom?

14. Who specifically is responsible for safety of public?

Describe supervision:

15. Does Applicant provide: Parking areas?

Yes No

Attendants?

Yes No

16. Prior Insurance:

A. Has any insurer declined or cancelled any coverage?

Yes No

If yes, please give reasons:

B. Previous carrier:

C. Premium: \$

Please attach copy of previous policy, if available.

17. Has applicant had any public liability, property damage or products claims during the last three(3) years? Yes No

If yes, describe and state amounts:

18. GENERAL REMARKS (Describe any unusual exposures.)

NOTICE

The applicant's submission of this Application does not obligate the Company to issue, or the Applicant to purchase, a policy. The applicant will be advised if the Application for coverage is accepted. The applicant hereby authorizes the Company to make any inquiry in connection with this Application.

MATERIAL CHANGE

If there is any material change in the answers to the questions in this Application or in any attachment before the policy inception date, the applicant must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

FALSE INFORMATION

Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

DECLARATION AND SIGNATURE

For the purpose of this Application, the Applicant declares to the best of his/her knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The Applicant agrees that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon the Application, its attachments, and such other information submitted therewith in issuing any policy.

Date

Applicant's Signature

Title

Submitted by:
Agency/Brokerage:
Phone: ()
E-mail:

Fax: ()