



SPECIAL EVENTS LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS
IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"

1. Name of Applicant: _____

2. Mailing address: _____

_____ Website Address: _____

Status of Applicant: Individual Partnership Corporate Group Other

Interest of applicant in premises, if any: Owner Tenant General Lessee Other

Describe Applicant's experience with events of this type: _____

3. Provide complete description of events : _____

4. Effective: Date: _____ Time: _____ a.m. p.m.

5. a) Exact location and size of area where activities will be conducted: _____

6. Estimate amount of: Participants _____ Spectators _____ Employees _____

Volunteers _____ Admission _____ Payroll _____ Receipts _____

7. Are all employees covered under WSIB? Yes No

If no, please list numbers by job description and estimated payroll:

Total payroll : \$ _____ No. of Employees: _____

8. a) Has this event been held by applicant in the past? Yes No

If "yes", how many years? _____

b) Has any company declined or cancelled any coverage: Yes No

If so, please give reasons _____

9. Previous carrier: _____

Please provide copy of previous policy, if available.

Claims Made: Yes No

10. a) If products coverage is desired for food served for concession stands, please indicate kind of food served, by whom and type of concession(s) as well as approximate number of concessions: _____

b) Any other vendor or trade booths? _____

c) Are any vendors required to provide a Certificate of Insurance? Yes No

11. Will alcohol be served at the event? Yes No

Will it be served by the applicant? Yes No

If "yes", are servers trained in a recognized program?..... Yes No

If "not", will the Insured require evidence of insurance from the server? Yes No

Liability Limits requested: _____

12. Are there any First Aid facilities on the premises? Yes No

Describe: _____

13. Will applicant secure certificate of insurance from owners or operators who stage the event(s) or otherwise operates under contract with the Applicant? Yes No

What limits of liability are required by Applicant? _____

Is Applicant required to furnish certificates? Yes No

To whom? _____

14. Are independent contractors used for any operations? Yes No

If so, please specify receipts and activity: _____

Is proof of insurance obtained from contractor? Yes No

If "no", please explain: _____

If "yes", please provide what limits they are required to provide: \$ _____

15. Does Applicant have any agreements assuming liability? Yes No

If so, please describe and provide copies.

16. Who is responsible for providing security?

Describe supervision:

If outside security firm, is Certificate of Insurance Required? Yes No

17. Does Applicant provide parking area? Yes No

Attendants? Yes No

18. If event is held within buildings, are premises designed for such use? _____

What is construction of building?

General condition?

Is panic hardware used on all exits? Yes No

Is building designed for such usages, describe building in detail under remarks.

19. Will any bleachers be used? Yes No

If so, designate number of bleacher units and capacity of each:

Are they all wood, all steel or a combination of wood and steel?

If not, please describe the type of seating provided?

20. Is applicant providing any overnight camping facilities or other accommodation? .. Yes No

If yes, please describe:

21. Does the event involve a Parade?..... Yes No

Number of Units in Parade:

(a Marching Band, a Float, a Car carrying Personalities etc., is considered as one unit)

Describe:

Length of Parade in Blocks: _____ Length in Time: _____

Estimated number of Spectators at Parade: _____

22. If fireworks are a part of program, give complete description of display: _____

Distance to public: _____ Distance to nearest buildings: _____

Distance to nearest auto parking area: _____

Length of display: _____

Who will set off fireworks? _____

Under whose direction will fireworks be set off? _____

Will area be checked later for unexploded fireworks? Yes No

23. If a rodeo, horse show or similar type exhibition; are fences, barricades and pens
 adequate to confine animals?..... Yes No

Describe as to height, construction, conditions, etc. _____

Are fencing, corrals, etc. permanent installations? Yes No

If not permanent, who provides and maintains this equipment? _____

24. General remarks (describe any unusual exposures): _____

25. **Claims History:**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies or organizations which have been taken over or merged with your company or organization.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? Yes No

If yes, give details: _____

26. Non-Owned Automobile

Number of employees using their cars on company business: Regularly _____
Occasionally _____
Estimated annual cost of hired cars: \$ _____
Estimated annual cost of cars operated under contract: \$ _____

27. Accident Prevention and First Aid

First Aid Post: Doctors: _____ Full Time: _____ Part Time: _____
Nurses: _____ Full Time: _____ Part Time: _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed: Yes No

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKERAGE: _____

BROKER: _____

PHONE #: _____

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