

Special Events Liability Application

1. Name of Applicant: _____
(Must be Individual or Legal Entity)
2. Address: (Must be completed for certificate): _____
3. Effective Date: _____ Time: _____ A.M. _____ P.M.
Expiry Date: _____ Time: _____ A.M. _____ P.M.
4. Liability Limit Requested: _____ (Options from \$1 million to \$10 million)
5. Complete Description of Activities: _____

6. Location of Event: _____
7. Estimated Spectator Attendance per Day: _____ Number of Participants: _____
Total Attendance for the Event: _____
8. Full Description of Safety Precautions: (eg. First aid, security, management, traffic): _____

9. Is food and/or drink and/or other products or services provided? If yes, by whom?: _____

10. Is there a website advertising the function?: _____
11. Will alcohol be served at the event? Yes No
12. Liquor Licence No. and capacity applied for (# of patrons): _____
13. Name of Liquor Licence Holder : _____
14. Who is serving the alcohol: _____ Volunteer Paid
15. If a third party is responsible for liquor, is there a legal liability policy in force? Yes No
16. Is the Applicant named as additional insured?: _____
17. Estimated Gross Receipts (Excluding Liquor): _____ Estimated Liquor Receipts: _____
18. Who is assigned to deal with the following: (Answer even if there is No Alcohol)
(A) Impaired patrons who arrive at your function: _____



(B) Patrons who have become visibly impaired at your function: _____

(C) Patrons who fight: _____

(D) Patrons who become disruptive and abusive: _____

(E) Patrons who are obviously impaired who leave your function (Alone): _____

19. What is your experience producing this type of event? (if none, explain related experience): _____

20. Will grandstands or bleachers be used? Yes No
Construction Type: _____ Approx age of grandstands or bleachers _____

21. Has any company declined or cancelled any coverage? Yes No
If so, please provide details: _____

22. Previous Insurance Carrier: _____

23. Premium:\$ _____ Limits: _____ Attendance # for last event: _____

24. Loss/Claims History:(in the last five years.) _____

25. List All "Additional Insured's" _____
And reasoning. _____

Comments: _____

26. Distance to nearest hospital facility: _____Kms.

27. Do any of the contracts signed contain a "Subrogation Waiver" or "Hold Harmless Agreement"?
Yes No If yes, attach a copy.

Applicant's Signature: _____ Date: _____

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted.I also agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal thereof. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk.

Brokerage / Agency: _____ Broker Email: _____

Broker: _____

Fax: _____

Phone: _____

Note – coverage cannot be bound until quoted by Cansure