

Events Liability Application

Broker _____ Contact _____

1. Full Names of All Applicants _____

Address
(incl. postal code) _____

2. Limits of Liability Required \$ _____ Per Occurrence \$ _____ Aggregate

Reimbursement Required? \$ _____ Per Occurrence

3. Coverage Required From: _____ Yr. ____ To _____ Yr. ____

4. Duration of Event: _____ Yr. ____ To _____ Yr. ____

5. Describe the Event (*Attach brochures, Diagrams*) _____

6. Describe the Exact Location _____

7. Describe the Interest of the Applicant in the Location:

Or Other _____ Owner Tenant Lessee

8. Estimate the Number of: Participants _____ Spectators _____ Volunteers ____ Employees _____

9. Will the Event Include the Serving of Alcoholic Beverages? Yes No

If Yes, provide Details _____

10. Estimate the Amount of: Admission Receipts \$ _____ Other Receipts \$ _____

Please Provide Brief Details of Other Receipts _____

11. (a) Is Non-Owned Automobile Coverage Required? Yes No

(b) If Yes, Please Indicate the Number of People Using Their Own Vehicles _____

(c) Please Describe Other Types of Vehicles and Their Usage _____

(d) Are Any Other Extensions Required? _____

12. Are There First Aid Facilities at the Event's Location? Yes No

If Yes, Please Provide the Details of the Facility and Equipment _____

13. Are Insurance Certificates Obtained From All Event Operators Who Are Under Contract? Yes No

If Yes, What are the Limits of Liability Required? \$ _____

14. Are Formal Contractual Agreements Entered Into With Event Operators? Yes No

If Yes, is There a Hold Harmless Clause Included: in Favour of the Applicant? Yes No
in Favour of Others? Yes No

15. Is Parking Provided? Yes No If Yes, Please Provide Complete _____

16. Are The Buildings Used Designed for These Events? Yes No

If No, Please Provide Complete Details _____

17. Will Temporary Bleachers be Used? Yes No

If Yes, Please Provide Details, Including Construction, Seating Capacity, Height, Name of Owner and Name of Constructor:

18. Will Fireworks Be Used? Yes No

If Yes, Please Provide Details _____

19. Will the Event Include Animals? Yes No

If Yes, Provide Details _____

20. Will Daycare Facilities be Provided? Yes No

If Yes, Provide Full Details _____

21. Is Tenant's Legal Liability coverage Required? Yes No If Yes, Please Complete the Following:

LOCATION	AMOUNT

22. Has Any Insurer Previously Declined or Cancelled the Applicant's Liability Insurance? Yes No

23. Provide Claims Experience for the Past Five (5) Years Whether Losses Were Insured or Not:

DATE	DESCRIPTION	AMOUNT PAID	AMOUNT OUTSTANDING

Applicant's Signature

Date