

## Application for Event Liability (Event Organizers)

### CONTACT INFORMATION

Applicants Name:	
Insured Name:	
Full Address: Street Address City, State, Country Postal Code / Zip Code	
E-mail:	
Telephone:	
Fax:	

### EVENT INFORMATION

**NOTE:** If you require coverage for more than one event, please view the special note at the end of this application.

Additional Insured's			
Name of Event:			
Describe Event:  (please also list the website address and attach any brochures or additional information)			
Effective Date	(dd / mm / yyyy)	Expiry Date	(dd / mm / yyyy)
Provide information about daily activities  *Attach separate sheet if required for events beyond 3 days or to provide more detail.	Day 1 :		
	Day 2:		
	Day 3:		
Will there be music played at the event?	<input type="checkbox"/> No Music <input type="checkbox"/> Yes D.J. <input type="checkbox"/> Yes Live Band		
If live band, please provide name and type of music:			
Estimated amount of: Attendees:	/ day	/ whole event	
Admission fee: \$	# of Tickets printed:	Receipts: \$	
If live band, please provide name and type of music:			

Facility Name:			
Complete Address of Facility: <small>Street Address City, State, Country Postal Code / Zip Code</small>			
Will the Event be:	<input type="checkbox"/> Indoors	<input type="checkbox"/> Entirely Outdoors	<input type="checkbox"/> Both
Does the facility carry liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will there be Food or Beverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes who is providing?			
If coverage is required for food served, concession stands, please indicate kind of food served and by whom.			
If an outside party is in charge of food and/or drink (I.e.: Caterer), has proof of insurance been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No      Name of Insurer			
Will there be any vendors or exhibitors at the event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the vendors / exhibitors required to show proof of liability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes what liability limit is required?			

**ALCOHOL INFORMATION / ONLY RESPOND TO FIRST QUESTION IF NOT APPLICABLE**

Will there be alcohol served at any of the activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Who is in charge of the service of alcohol?			
Liquor Licence Permit Number:			
Name Of Permit Holder:			
Address of Permit Holder:			
Please specify at which activity alcohol will be served:			
Date:	From:	To:	# of Patrons:
Location of Alcohol being served:			
Are Servers Trained:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>*Attach separate sheet if required for additional activities where alcohol is served</i>			
Who is designated to handle the Following			
Impaired patrons who arrive at your function:			
Patrons who become disruptive and abusive:			
Patrons who are obviously impaired who leave your function (Alone):			

**EVENT QUESTIONS**

Does the event involve a parade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify the number of units in the parade (a marching band, a float, a car...=1 unit)		
Length of parade:	Length in time:	
Are there any horses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police escort?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will fireworks or any other special effects be part of the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be a petting zoo or any other animals involved in the event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant providing any overnight camping or other accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any grandstands or bleachers be used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes what type?	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Will there be a stage set up for the event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes what type?	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
If temporary, will a certificate of insurance be provided by installers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant responsible for providing security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, who is?		
How many people on site for security?		
Are there any first aid facilities on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any amusement rides/inflatables?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes do you obtain a certificate of insurance from the supplier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any designated children areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe measures in place in respect to evacuation/missing persons precaution for children, as well as any i.d. procedures for designated children areas?		
Is parking available at the location of the event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this event been held by applicant in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many years?		
Has any insurance company declined or cancelled any coverages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please provide detail:		

Previous Carrier	Policy #	Premium\$
Limit of Liability Requested: <input type="checkbox"/> \$1 million <input type="checkbox"/> \$2 million <input type="checkbox"/> \$3 million <input type="checkbox"/> \$4 million <input type="checkbox"/> \$5 million		
Loss History:		
General Comments: (describe any unusual exposures):		
<p><b>Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.</b></p> <p>I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should a policy be issued this Proposal Form will be attached to and form part of the policy and will form the basis of the contract with Underwriters. I/We agree that answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in the Proposal Form whether made intentionally, innocently or accidentally. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.</p>		
Applicants Name:	Signature:	
<p><b>**PLEASE BE SURE THAT ALL QUESTIONS ARE COMPLETED. IF THE QUESTION DOES NOT APPLY TO THIS EVENT, PLEASE ADVISE BY ANSWERING WITH N/A.</b></p> <p><b>**INCOMPLETE APPLICATIONS WILL RESULT IN A DELAY IN QUOTING YOUR EVENT**</b></p>		
<p><b>Please return completed and signed to:</b></p> <p><b>Exhibitorinsurance.com</b>  <b>2870 Hwy # 7 West, Suite 103</b>  <b>Concord, Ontario</b>  <b>L4K 3R9</b>  <b>Phone: 1-866-836-9066</b>  <b>Fax: 1-866-296-4199</b>  <b>E-mail: <a href="mailto:info@exhibitorinsurance.com">info@exhibitorinsurance.com</a></b></p>		