

EVENT INSURANCE APPLICATION

1. Policy period required from: _____ to _____
(year) (year)

APPLICANT INFORMATION

2. Named Insured as it is to appear on policy: _____

3. Mailing Address: _____
(Number) (Street) (City) (Prov.) (Postal Code)

4. Estimated Number of Events: _____

5. Location of Event Site: Name of Facility: _____

(Number) (Street) (City) (Prov.) (Postal Code)

6. Website URL: _____

7. Date(s) of Event: _____

8. How many years have you been running this event? _____

9. Description of event: _____

10. Gross Receipts last year (all sources): \$ _____
This year's budget: \$ _____

11. Estimated total attendance this year: _____
Estimated maximum daily attendance this year: _____
Total attendance last year: _____

12. Check if any of the following additional coverages are needed.

- * Liquor Liability * Fireworks Liability ** Excess Fireworks Liability
 * Off-Premise Parade Liability

*Requires separate application **Certificate of Insurance evidencing underlying coverage required

13. Who provides security for this event?

- City Municipality Province Employees Private Agency

14. **Limit of Liability required:** \$2 Million \$5 Million \$10 Million

Commercial General Liability

Deductible: \$1000 \$2500 \$5000 Other

Do you have food and/or beverage sales, if so please indicate receipts:

Food \$ _____ Alcohol \$ _____

* If receipts indicate liquor sales please fill out Liquor Liability Application

15. Contractual Liability

a) Do you sign any contracts where they assume the Liability of others or waive Subrogation Rights? Yes No If yes, please provide details:

b) Are vendors and subcontractors required to obtain their own insurance? Yes No

16. Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.)

17. Do you have a formal loss-control program? Yes No

If yes, please provide details: _____

18. Do you have a formal employee safety-training program? Yes No

If yes, please provide details: _____

I understand that the insuring company shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

 (Name) (Signature) (Date)

Broker: _____