



Event Application Form

General Information

Name of Insured:	
Mailing Address:	
Name of Event(s):	Location of Event:
Contact:	Has this Event been held in the Past? <input type="checkbox"/> Yes <input type="checkbox"/> No
Website:	Business Tel.:
Performer Name:	Venue Name(s):

1. Date of Coverage: _____ Target Premium: \$ _____
2. Current Insurance Company: _____ Deductible: \$ _____
3. Have there been any Claims or Losses in the last 5 years? (if Yes, include Loss Run) Yes No
4. Has any form of insurance ever been cancelled or declined? (if Yes, provide details) Yes No

Coverage Limits (Statement of Values Required)

1. Requested Property Limit: \$ _____
2. Requested Liability Limit: \$ _____
3. Requested Equipment Limit: \$ _____

Event(s) Information

1. Event Location is: Indoors Outside Venue Capacity: _____
2. Number of Performances: _____ Est. Ticket Receipts: \$ _____ Est. Gross Receipts: \$ _____
3. Estimated Average Attendance at Each Performance: _____
4. Please describe your responsibilities at each Event: _____

5. Venue Security provided by: Venue Management No Security Video Surveillance: Yes No
6. Will First Aid be provided? Yes No If Yes, how many medical personnel will be onsite: _____
7. Will Shuttle or Valet Services be provided? Yes No
8. Will there be Overnight Camping? Yes No If Yes, describe: _____
9. Is Alcohol served or sold at any show Yes No
If Yes, please complete the Supplemental Liquor Liability Application Form.
10. Will there be any Pyrotechnics or Fireworks at any planned Performance?: Yes No
If Yes, please complete the Supplemental Pyrotechnic Liability Application Form.
11. Are you entering any Contracts with Third Parties/Vendors? Yes No
If Yes, please attach copies of all Agreements.
12. Type of Seating at Venue (check all that apply): Reserved General Admission Festival

Special Event Application Form Con't

Schedule of Performances

Date	Venue Name	Location	Capacity	Indoor/ Outdoor	Number of Shows

Certificates of Insurance (COI) Request

Please list all Organizations that will require a COI from you:

	Organization Name	Address	Relationship
1			
2			
3			
4			

Serving Alcohol? Please complete this section – If not, this is not required.

Event Liability Program – Alcohol Application

General Information

Name of Insured:	
Mailing Address:	
Contact:	Website:

1. Date of Coverage: _____ Requested Limit of Liability: \$ _____
2. Current Insurance Company: _____ Deductible: \$ _____
3. Have there been any Claims or Losses in the last 5 years? (if Yes, include Loss Run) Yes No
4. Has any form of insurance ever been cancelled or declined? (if Yes, provide details) Yes No

Event Operations Information

1. Does the Applicant hold a Liquor Service License?: Yes No
2. Are all Liquor Service Staff Certified by the province they work in? Yes No
3. Are Liquor Service Staff required to check I.D. for any patron appearing to be under the age of 25? Yes No
4. Do you have a Liquor Service Policy? (If Yes, please provide a copy) Yes No
5. Is the Liquor Service Policy posted so that it can be viewed by all guests? Yes No
6. Is there a Manager or Assistant Manager on staff at all times Liquor is being served? Yes No
7. Do Servers attempt to determine if patrons will be driving? Yes No
8. Is a Designated Driver Program in place and promoted by all Servers? Yes No
9. Will Taxi service be available? Yes No
10. Has the Applicant every been cited for any Liquor Violations? Yes No
11. Does the Applicant employ Bouncers or Security? Yes No
12. Do all Event Sponsors sign written contracts including Indemnity & Waiver Clauses Yes No

Declarations

I/We declare that:

1. The information in this application is true and correct and I/we have not withheld any relevant information.
2. I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.
3. All Submitted Application Forms become part of the Insurance Policy and is the basis of Coverage provided.
4. If any of the questions have been answered fraudulently or with the intent to conceal or misrepresent any material fact or circumstance concerning this Application for insurance, the entire Policy shall be void.

Signature of Applicant: _____	Date: _____
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