

## **EVENT LIABILITY INSURANCE APPLICATION – For Events Open to the Public**

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APPLICANT DETAILS:			REQUEST TO BIND $\Box$
Name of Applicant(s):			
Postal Address:	City:	Province:	Postal Code:
Has insurance ever been cancelled or refused?			☐ Yes ☐ No
If yes, please provide details:			
Any liability losses, insured or otherwise in the past 5 years?			☐ Yes ☐ No
If yes, please provide details:			
EVENT DETAILS:			
Name of Event:			
Category of Event: Booth / Kiosk Private Function, Atte	endance by Invitation (ma	x 1,000 guests) 🔲 Public E	vent
Event Details:			
Website of Event (if applicable):			
Has the event been held before?			☐ Yes ☐ No
If yes, for how many years?			
Description of Location:			
Location of Event (PO Box not acceptable):			
Address:	City:	Province:	Postal Code:
If this single event will take place at multiple locations, provide	e details below		
(Note: if there will be more than one event, more than one poli	icy is required).		
Location 2 (if applicable):			
Address:	City:	Province:	Postal Code:
Location 3 (if applicable):			
Address:	City:	Province:	Postal Code:
Describe Seating (folding chairs, bleachers, permanent?):			
☐ Indoors ☐ Outdoors			
Will any alcohol be served/consumed at the event?			☐ Yes ☐ No
If yes, do you require liquor liability?			☐ Yes ☐ No
Where required by law, have you obtained the necessary liquo	or permit?		☐ Yes ☐ No
Who is in charge of the service of alcohol?	•		
☐ Insured with Serving it Right / ProServe or provincial equiva	alent BYOB 🔲	Hired Professional	ue
Other – please describe:			
Max # of attendees / guests per day:	Max # of	attendees / guests for entire e	event:
Age range of attendees:			
Estimated Gross Revenues for the entire event?	Estimated	d Liquor Receipts for the entire	e event?
Will there be music at the event? ☐ No ☐ DJ ☐ Live	e Entertainment		
Type of Music:			
☐ Easy listening, jazz, classical, blues (limited or no dancing)	)		
$\hfill \square$ Medium beats including pop, rock, country (no aggressive	dancing)		
☐ Heavy Metal ☐ Hip Hop ☐ Rap ☐ Electronic	c / Dance		
Who will provide security at the event?			
☐ Insured ☐ Venue ☐ Hired Security ☐	On/Off Duty Officers	Other:	
Distance to Spectators (if applicable):			
Will any of the following be present / involved in the event?	_		
☐ Fireworks ☐ Special Effects ☐ Petting Zoo/Animals ☐		-	cing
☐ Overnight camping or other accommodation ☐ Temp	orary Structures ex. gran	dstands/bleachers/stage	
Duration of Event: ☐ Less than 24 hours ☐ 24-48 hours	Over 48 hours – plea	se describe::	
Limit of Liability: $\square$ \$1 Million $\square$ \$2 Million $\square$ Other : _			



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Effective Date:/(	MM/DD/YYYY)	Effective Time:::	□АМ□РМ			
Expiry Date: / / (I	MM/DD/YYYY)	Expiry Time: :	☐ AM ☐ PM			
Additional Insured #1 (if applicable) N Additional Insured #2 (if applicable) N						
*** INSURANCE IS NOT IN EFFECT	UNTIL PREMIER HAS ISSUED	A BINDER NUMBER OR POLIC	CY DOCUMENTS. ***			
Premium: \$ + policy fee						
NOTE: Premiums are fully earned and reta 15% Broker Commission on Premium Excludes all participant's liability. Exc The policy will be subject to a minimu	n cludes all products liability.	d by Premier Canada.				
DECLARATION / CONSENT:						
PLEASE READ BEFORE SIGNING: A claim prejudice of the insurer or knowingly misrepres to these facts during the term of the contract; (	sents or fails to disclose any fact in any pa	art of this application required to be stat	ed therein; or (b) the insured fails to inform	n material changes		
The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.						
The personal information provided in this docuinsured's representative or insurance companinsurance and underwriting any such policies, contained in this document have authorized the	y, subject to local legislation, for the purpo evaluating claims, detecting and preventi	se of communicating with the insured of	or their representative, assessing the appli	cation for		
NOTE: Insurance is not in effect until Prem	ier has issued a binder or policy docur	nents.				
Applicant's Signature:			Date:			
Brokerage Firm:		AGT #:	Email:			
Broker's Signature: (Print)			Date:			
Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).						
**	Email application and attachme	nts to - newbizevents@premi	ergroup.ca **			

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