PREMIER canada

EVENT LIABILITY INSURANCE APPLICATION – For Events Open to the Public

APPLICANT DETAILS:

REQUEST TO BIND ☐

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, Attendance by Invitation (max 1,000 guests) ☐ Public Event

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 details below
(*Note: if there will be more than one event, more than one policy 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 liquor permit? ☐ Yes ☐ No

Liquor License Number (if applicable): _____

Who is in charge of the service of alcohol?

☐ Insured with Serving it Right / ProServe or provincial equivalent ☐ BYOB ☐ Hired Professional ☐ Venue

☐ Other – please describe: _____

Max # of attendees / guests per day: _____ Max # of attendees / guests for entire event: _____

Age range of attendees: _____

Estimated Gross Revenues for the entire event? _____ Estimated Liquor Receipts for the entire event? _____

Will there be music at the event? ☐ No ☐ DJ ☐ Live Entertainment

Type of Music:

☐ Easy listening, jazz, classical, blues (limited or no dancing)

☐ Medium beats including pop, rock, country (no aggressive dancing)

☐ Heavy Metal ☐ Hip Hop ☐ Rap ☐ Electronic / Dance ☐ Other: _____

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 ☐ Inflatable/bouncy/jumping castle ☐ Mosh pit dancing

☐ Overnight camping or other accommodation ☐ Temporary Structures ex. grandstands/bleachers/stage

Duration of Event: ☐ Less than 24 hours ☐ 24-48 hours ☐ Over 48 hours – please describe:: _____

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Limit of Liability: ☐ $1 Million ☐ $2 Million ☐ Other : _____

Effective Date: ____/____/____ (MM/DD/YYYY) Effective Time: _____ : _____ ☐ AM ☐ PM

Expiry Date: ____/____/____ (MM/DD/YYYY) Expiry Time: _____ : _____ ☐ AM ☐ PM

Additional Insured #1 (if applicable) Name & Address: _____

Additional Insured #2 (if applicable) Name & Address: _____

***** INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER OR POLICY DOCUMENTS. *****

Premium: $_____ + policy fee

NOTE:
Premiums are fully earned and retained once binder number issued by Premier Canada.
15% Broker Commission on Premium
Excludes all participant's liability. Excludes all products liability.
The policy will be subject to a minimum $1,000 deductible

DECLARATION / CONSENT:

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

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 document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

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 attachments to - newbizevents@premiergroup.ca ****

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