



## SPECIAL EVENTS LIABILITY INSURANCE APPLICATION

1. Name of Applicant/Named Insured: \_\_\_\_\_  
\_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Contact Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
Fax No. (\_\_\_\_) \_\_\_\_\_
4. Full Description of the Event including Diagram: \_\_\_\_\_  
\_\_\_\_\_
5. Location of Event: (Full Address) \_\_\_\_\_  
\_\_\_\_\_
6. Effective Date: \_\_\_\_\_ -- \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Expiry Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.
7. Please provide the following information about Daily Activities and Estimated Attendance including setup  

Primary Activity	Estimated Attendance	Other Activities	Attendance
1st Day _____			
2nd Day _____			
3rd Day _____			
8. Who is providing food and/or drink: (Name) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. If Products coverage is desired for food served or for concession stands, please indicate kind of food served, by whom and type of concession \_\_\_\_\_  
\_\_\_\_\_
10. If other than the Applicant, is a Certificate of Insurance provided? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Insurer \_\_\_\_\_
11. Will there be alcohol served at any of the activities? Yes \_\_\_\_\_ No \_\_\_\_\_  
\*\*If yes, then please advise who obtains the permit and projected receipts\*\*
12. If another party is responsible for alcohol, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. \_\_\_\_\_
13. What is your experience producing this type of event. \_\_\_\_\_  
\_\_\_\_\_
14. Will any grandstands or bleachers be used? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, confirm: the construction \_\_\_\_\_  
Capacity \_\_\_\_\_ General Condition \_\_\_\_\_
- 15.. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation.  
\_\_\_\_\_  
\_\_\_\_\_
16. General Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Has any company declined or cancelled any coverage? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Previous Insurer \_\_\_\_\_ Premium \_\_\_\_\_
19. Limits Requested: 1 Million 2 Million 5 Million
20. Loss History \_\_\_\_\_  
\_\_\_\_\_

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 Outdoor Adventure & Sport Insurance Solutions Inc. Quotations will be based upon the information provided which the applicant warrants is correct.

Applicants Signature: \_\_\_\_\_ Position: \_\_\_\_\_  
Please Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Please fax this application with supporting documents to Ken Anderson @ 1 866 488 6122 at least 10 days prior to the event