

## Application for Event Liability Insurance

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### Instructions On Completing This Form:

The Applicant(s) must give a fair presentation of the risk to be insured by disclosing all material matters or circumstances which the Applicant(s) knows or ought to know. A matter is material if it would influence the judgement of a prudent underwriter as to whether to accept the risk, or the terms of the insurance (including premium). For these purposes, the Applicant(s) knows material matters which are known to its senior management, or anybody responsible for arranging its insurance. The Applicant(s) also knows material matters which should reasonably have been revealed by a reasonable search of information available to it, which includes information held by third parties. The Applicant(s) should therefore conduct a reasonable search of such information. The Applicant(s) must disclose all material matters and circumstances known to it in a reasonably clear and accessible way, whether or not they are the subject of a specific question in this Application Form and any appendices ('Application Form').

Please answer all questions fully and tick all relevant boxes. If there is insufficient space provided to answer questions fully or if there are any material matters or circumstances not specifically covered by a question in this Application Form, they must be listed on a separate sheet of paper which must be signed, dated and attached.

Where there is reference to a defined term in this Application Form these are outlined in full in the applicable Contract of Insurance wording.

For further details or if there is any doubt as to what facts or circumstances should be disclosed, the Applicant(s) should contact their insurance broker.

Upon completion, please sign and return this form to your Insured Creativity representative or to [info@insuredcreativity.com](mailto:info@insuredcreativity.com) and include the following where applicable:

- Site Plan
- Stage Plan
- Emergency Action Plan

We strongly urge that you retain a copy of this proposal.

Please approach us with any questions you may have. We look forward to working with you.

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Please complete the following:

Insured Applicant Information:

<b>Named Insured as it should appear on the policy:</b>			
<b>Contact Name:</b>			
<b>Address:</b>			
<b>City:</b>		<b>Province:</b>	
<b>Country:</b>	CANADA	<b>Postal Code:</b>	
<b>Telephone:</b>		<b>Email:</b>	
<b>Insured Website:</b>			
<b>Additional Insured(s):</b>			

Event Information:

<b>Event Name:</b>			
<b>Event Website:</b>			
<b>Excluded event types include:</b> <ul style="list-style-type: none"> <li>▪ Abseiling</li> <li>▪ Activists, Rallies, and Marches</li> <li>▪ Airshows</li> <li>▪ Circuses</li> <li>▪ Foam Parties and Raves</li> <li>▪ Fraternity or Sorority Events</li> <li>▪ Gun or Knife Shows</li> <li>▪ Activities In or On Open Water (Lakes, Rivers, Oceans)</li> <li>▪ Dance / DJ / EDM Music Events</li> <li>▪ Rock Climbing / Bouldering</li> <li>▪ Rodeos</li> </ul>			
<b>Event Type:</b>			
<b>Is Cover Required for:</b>	<input type="checkbox"/> Any participant in any event, activity, contest or exhibition <input type="checkbox"/> Any participant in any athletic or sports event		

<b>Insureds Role in the Event:</b>	<input type="checkbox"/> Host <input type="checkbox"/> Tenant/Lessee <input type="checkbox"/> Exhibitor/Vendor <input type="checkbox"/> Other:		
<b>Event Start Date:</b>		<b>Event End Date:</b>	
<p><b>Hazardous activities are excluded, including but not limited to:</b></p> <ul style="list-style-type: none"> <li>▪ Amusement Rides or Entertainment Devices (bouncy castles, roller coasters, etc.)</li> <li>▪ Airport premises (incl. flight training, skydiving, gliding, etc.)</li> <li>▪ Axe Throwing</li> <li>▪ Boat Race / Poker Run / Sea Doo</li> <li>▪ Bungee Jumping</li> <li>▪ Contact Sports (Football / Rugby / Lacrosse)</li> <li>▪ Exotic / Dangerous Animals or Reptiles</li> <li>▪ Firearms or Other Weapons</li> <li>▪ Flight Instruction / Schools</li> <li>▪ Gymnastics</li> <li>▪ Hot Air Balloons</li> <li>▪ Pyrotechnics (explosions, flashes, smoke, flames, fireworks, and firecrackers)</li> <li>▪ Mechanical Bull / Rides</li> <li>▪ Monster Truck / Dirt Bike Events</li> <li>▪ Motorized Racing of any kind</li> <li>▪ Political Events</li> <li>▪ Toboggan / Luge / Sledding of any kind</li> <li>▪ Tractor Pulls</li> <li>▪ Scuba Diving</li> <li>▪ Stage Construction / Stage Company</li> <li>▪ Stunts of any kind</li> <li>▪ Water Slides / Ice Slides</li> <li>▪ Waterski / Wake Board / Surfing</li> <li>▪ Zip Lines</li> </ul>			
<b>Event Activities:</b>			
<b>Please confirm there will be no hazardous activities at the event:</b>	<input type="checkbox"/> Yes		
<b>Attendees (per day):</b>	<input type="checkbox"/> 0-499 <input type="checkbox"/> 500-2,499 <input type="checkbox"/> 2,500-5,000 <input type="checkbox"/> greater than 5,000		

Venue Information:

<b>Venue Name:</b>			
<b>Address:</b>			
<b>City:</b>		<b>Province/State:</b>	

<b>Country:</b>	CANADA	<b>Postal Code/Zip:</b>	
<b>Venue capacity:</b>			
<b>Will the majority of Event activities be held:</b>	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		
<b>Will there be Temporary Structures (Grandstand /Bleachers/Risers/Stage /Tents/Marquees):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If Yes, is proof of liability required:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Food and Beverage:**

<b>Will food and beverage be served at the event:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will liquor be served at the event:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Who is responsible for serving liquor at the event:</b>	<input type="checkbox"/> 3rd Party Server / Caterer Does the 3rd Party Server / Caterer have their own insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Venue Does the Venue have their own insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Insured Applicant Is Liquor Liability cover required: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the Insured Applicant is responsible for serving liquor at the event and requires Liquor Liability coverage, please complete the following questions in the Food and Beverage section.</b>	
<b>Has the Insured Applicant obtained a Liquor Service License:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do Liquor Service Staff meet the minimum age requirement to serve alcoholic beverages in the province where the event is being held:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are all Liquor Service Staff certified by one of the provincially approved programs:</b>	<input type="checkbox"/> Smart Serve <input type="checkbox"/> Serving It Right <input type="checkbox"/> It's Good Business <input type="checkbox"/> Other:

<b>Do you check ID for all patrons who appear to be under the age of 25 years:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have a written Liquor Service Policy Statement:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have written Liquor Consumption Rules and Regulations:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are all staff aware of their Legal Obligations to:</b>	<p>Not supply liquor which causes intoxication or encourages intoxication? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Monitor, supervise and control patrons' consumption of alcohol? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Recognize and notice intoxication in patrons? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Cease to serve intoxicated patrons? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Take appropriate steps to prevent intoxicated patrons from leaving the premises unaccompanied and/or driving? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>"Care For" intoxicated patrons? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<b>Do you prohibit the consumption of privately supplied alcohol:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Vendors or Exhibitors:

<b>Will there be 3rd party vendors or exhibitors:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, is proof of liability required:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Event Security:

<b>Will there be event security:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, who will provide event security or supervision:</b>	<input type="checkbox"/> On/Off Duty Police <input type="checkbox"/> Hired Security <input type="checkbox"/> Venue

<b>Is proof of liability required (minimum \$2 million limit):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Emergency Medical:

<b>Will there be EMS / Paramedics on stand-by:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the venue equipped with AED / First Aid Kit:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Event History:

<b>Has this event been held by the Applicant previously:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has insurance for this event ever been declined:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have there been any prior losses for this event:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:

Limit of Liability:

<b>Limit of Liability Requested:</b>	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000
<b>Sub-Limits of Cover:</b>	<p>Liquor Liability (if requested by Insured Applicant and agreed by Insurers):</p> <ul style="list-style-type: none"> <li>▪ \$1,000,000 Liquor Liability sublimit on a \$1,000,000 Limit of Liability policy</li> <li>▪ \$2,000,000 Liquor Liability sublimit for all other Limit of Liability policy options</li> </ul> <p>Tenant's Legal Liability:</p> <ul style="list-style-type: none"> <li>▪ \$2,000,000 Tenant's Legal Liability sublimit for all Limit of Liability policy options</li> </ul> <p>Medical Payments:</p> <ul style="list-style-type: none"> <li>▪ \$2,000,000 Medical Payments sublimit for all Limit of Liability policy options</li> </ul>

**Other Program Details:**

Please define any further details about your event that have not been outlined above:

**DECLARATION:**

I/we confirm that the information given in this Application Form including any attachment(s) provided to support this Application, whether in my/our own hand or not, is correct.

I/we declare that I/we have made a fair presentation of the risk by disclosing all material matters and circumstances which would influence a prudent underwriter’s assessment of the risk which we know or ought to know including my/our senior management or anybody responsible for arranging my/our insurance, having conducted a reasonable search of the information available to me/us (including information held by third parties) in order to reveal those facts and circumstances. Failing that, I/we have given Underwriters sufficient information to put a prudent Underwriter on notice that it needs to make further enquiries in order to reveal material matters or circumstances, whether or not those matters, and circumstances were the subject of a specific question in this Application Form. If there are any material matters or circumstances not specifically covered by a question in this Application Form, I/we have listed these on a separate sheet of paper which is signed and dated and attached. I/we the Applicant(s) accept these conditions as the proposed Insured or agent of the proposed Insured.

It is understood that the signing of this Application Form does not bind the Applicant(s) to complete or Underwriters to accept this insurance.

I/we the Applicant(s) also agree that in the event any information contained in any completed Application Form and/or supplied to support this Application Form or other application for this insurance changes or becomes incorrect such as to constitute a material alteration to the risk prior to the inception date of the insurance, I/we will advise Underwriters in writing immediately on becoming aware of such changes. In such circumstances, Underwriters will be entitled to re-assess the Application for insurance, including but not limited to withdrawing any prior agreement to provide cover.

The person signing this Application Form is duly authorized to do so on behalf of the Applicant(s). By submitting this application, I/we consent to the collection, use and disclosure of personal information as defined in our Privacy Policy found on Insured Creativity Inc.’s website.

Generally, information is collected and stored for the following purposes:

- the communication with Lloyd’s policyholders
- the underwriting of policies
- the evaluation of claims
- the analysis of business results
- purposes required or authorized by law

For the purposes identified, personal information may be disclosed to Lloyd’s related or affiliated organizations or companies, their agents, and to certain non-related or unaffiliated organizations or companies, including service providers. These entities may be located outside Canada therefore a customer’s information may be processed in a foreign jurisdiction and their information may be accessible to law enforcement and national security authorities of that jurisdiction.

Signing this proposal form does not bind the Client to complete this insurance and is subject to acceptance by both parties.

<b>Signature:</b>		<b>Date:</b>	
<b>Name:</b>		<b>Position:</b>	