



Application for Event Liability Insurance

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 underwriting@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.



Please complete the following:

Applicant / Insured Information:

Named Insured as it should appear on the policy:			
Policyholder Types Include:			
Retail:	A consumer.		
Micro Enterprise:	An enterprise employing fewer than 10 persons and has a turnover or annual balance sheet that does not exceed \$3 million.		
Small Business:	An enterprise employing fewer than 50 persons with an annual turnover of less than \$11 million; or has a balance sheet of less than \$8 million.		
Commercial or Other:	An enterprise with criteria above that of a small business.		
Reinsured:	An insurance provider looking to transfer liability to another insurance company.		
Policyholder Type:			
Description of Operations:			
Mailing Address:			
City:		Province/Territory:	
Country:	CANADA	Postal Code:	
Telephone:		Email:	
Insured Website:			
Additional Insured(s) including relationship to Named Insured:			
Province & Date of Incorporation:			

Event Information:

Event Name:			
Event Website:			
Event Type:			
Insureds Role in the Event:	☐ Host	☐ Tenant/Lease	☐ Exhibitor/Vendor ☐ Other:
Event Start Date:		Event End Date:	
Estimated Revenue:		Estimated Expenses:	
Standard excluded actions, including but not limited to: - Amusement Rides or Entertainment Devices (bouncy castles, roller coasters, etc.) - Airport premises (incl. flight training, skydiving, gliding, etc.)			



- Axe Throwing
- Boat Race / Poker Run / Sea Doo
- Bungee Jumping
- Contact Sports (Football / Rugby / Lacrosse)
- Exotic / Dangerous Animals or Reptiles
- Firearms or Other Weapons
- Flight Instruction / Schools
- Gymnastics
- Hot Air Balloons
- Pyrotechnics (explosions, flashes, smoke, flames, fireworks, and firecrackers)
- Mechanical Bull / Rides
- Monster Truck / Dirt Bike Events
- Motorized Racing of any kind
- Political Events
- Toboggan / Luge / Sledding of any kind
- Tractor Pulls
- Scuba Diving
- Stage Construction / Stage Company
- Stunts of any kind
- Water Slides / Ice Slides
- Waterski / Wake Board / Surfing / White Water Rafting

Event Activities:	
Please confirm there will be no hazardous activities at the Event:	☐ Yes
Attendees (per day):	☐ 0 - 499 ☐ 500 – 2,499 ☐ 2,500 – 5,000 ☐ greater than 5,000

Venue Information:

Venue Name:			
Address:			
City:		Province/Territory:	
Country:	CANADA	Postal Code:	
Venue Capacity:		Will the majority of Event activities be held:	☐ Indoors ☐ Outdoors
Will there be Temporary Structures (Grandstand/ Bleachers/Risers/Stage/ Tents/Marquees):	☐ Yes ☐ No	If "Yes", is proof of liability required:	☐ Yes ☐ No



Food and Beverage:

Will food and beverage be served at the Event:		☐ Yes	☐ No
Will liquor be served at the Event:		☐ Yes	☐ No
If liquor will be served at the Event, who is responsible for serving liquor at the Event:	☐ 3 rd Party Server / Caterer		
	Does the 3 rd Party Server / Caterer have their own insurance:	☐ Yes	☐ No
	☐ Venue		
	Does the Venue have their own insurance:	☐ Yes	☐ No
	☐ Insured Applicant		
	Is Liquor Liability cover required:	☐ Yes	☐ No
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.			
Has the Insured Applicant obtained a Liquor Service License:		☐ Yes	☐ No
Do Liquor Service Staff meet the minimum age requirement to serve alcoholic beverages in the province where the Event is being held:		☐ Yes	☐ No
Are all Liquor Service Staff certified by one of the provincially approved programs:	☐ Smart Serve ☐ It's Good Business		
	☐ Serving It Right ☐ Other:		
Do you check ID for all patrons who appear to be under the age of 25 years:		☐ Yes	☐ No
Is CCTV coverage in place and is stored for at least 2 years:		☐ Yes	☐ No
Do you have a written Liquor Service Policy Statement:		☐ Yes	☐ No
Do you have written Liquor Consumption Rules and Regulations:		☐ Yes	☐ No
Total annual liquor sales:	\$		
Are all staff aware of their legal obligations to:	Not supply liquor which causes intoxication or encourages intoxication?		
	☐ Yes ☐ No		
	Monitor, supervise and control patrons' consumption of alcohol?		
	☐ Yes ☐ No		
	Recognize and notice intoxication in patrons?		
	☐ Yes ☐ No		
Cease to serve intoxicated patrons?			
☐ Yes ☐ No			
Take appropriate steps to prevent intoxicated patrons from leaving the premises unaccompanied and/or driving?			
☐ Yes ☐ No			
"Care For" intoxicated patrons?			
☐ Yes ☐ No			
Do you prohibit the consumption of privately supplied alcohol:		☐ Yes	☐ No



Vendors or Exhibitors:

Will there be 3rd party vendors or exhibitors:	☐ Yes	☐ No
If "Yes", is proof of liability required:	☐ Yes	☐ No

Event Security:

Will there be Event security:	☐ Yes ☐ No
If Yes, who will provide Event security or supervision:	☐ On/Off Duty Policy ☐ Hired Security ☐ Venue
Is proof of liability required (minimum \$2 million limit):	☐ Yes ☐ No
Who is responsible for Crowd Control:	☐ On/Off Duty Policy ☐ Hired Security ☐ Venue Staff

Emergency Medical:

Will there be EMS / Paramedics on stand-by:	☐ Yes ☐ No
Name of EMS Third-Party:	
Is the venue equipped with AED / First Aid Kit:	☐ Yes ☐ No

Event History:

Has this Event been held by the Applicant previously:	☐ Yes ☐ No
Has insurance for this Event ever been declined:	☐ Yes ☐ No
Have there been any prior losses for this Event:	☐ Yes ☐ No If Yes, please provide details:

Limit of Liability:

Limit of Liability requested:	☐ \$1,000,000 ☐ \$2,000,000 ☐ \$5,000,000
--------------------------------------	--



	☐ \$10,000,000
Sub-Limits of Cover:	Liquor Liability (if requested by Insured Applicant and agreed by Insurers): ▪ \$1,000,000 Liquor Liability sublimit on a \$1,000,000 Limit of Liability policy. ▪ \$2,000,000 Liquor Liability sublimit for all other Limit of Liability policy options. Tenant's Legal Liability: ▪ \$2,000,000 Tenant's Legal Liability sublimit for all Limit of Liability policy options.
Participant Accident:	☐ Yes ☐ No
If "Yes" please select the Limit of Insurance:	☐ \$10,000 Principal Sum; \$1,000,000 in the Aggregate ☐ \$25,000 Principal Sum; \$1,000,000 in the Aggregate ☐ \$50,000 Principal Sum; \$1,000,000 in the Aggregate ☐ \$100,000 Principal Sum; \$1,000,000 in the Aggregate
If "Yes" please enter:	Number of participants in any athletic or sports event: ☐ N/A Number of volunteers: ☐ N/A Number of directors: ☐ N/A
Property (additional application required):	☐ Yes ☐ No
If Property Cover is required, please complete the Application for Commercial Property Insurance.	



Other Program Details:

Please define any further details about your Event that have not been outlined above.



DECLARATION:

This section to be completed by the Client (Insured).

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 any material matters or circumstances are not specifically covered by a question in this Application Form, 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 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 the Privacy Policy found on Insured Creativity Inc.'s website.

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

- The communication with 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 form does not bind the Client to complete this insurance and is subject to acceptance by both parties.

Signature: _____

Date: _____

Name: _____

Position: _____