



Application for Venue 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:

- Emergency Action Plan
- Copy of Lease (if Tenant)
- Audited Financial Statement (prior year)
- Inspection Report
- Claims / Loss History Letter (5 Years)

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:

Broker Information:

Brokerage Name:			
Contact Name:			
Mailing Address:			
City:		Province/Territory:	
Country:	CANADA	Postal Code:	
Telephone:		Email:	
Are you the incumbent broker:	☐ Yes ☐ No		
If Yes, how many years have you been broker of record:			
Have you personally seen this property:	☐ Yes ☐ No		

Applicant / Insured Information:

Named Insured as it should appear on the policy:			
General Manager:			
Principal Owner(s):			
Province & Date of Incorporation:			
Mailing Address:			
City:		Province/Territory:	
Country:	CANADA	Postal Code:	
Telephone:		Email:	
Insured Website:			
Additional Insured(s) including relationship to Named Insured:			
Insured is:	☐ Owner ☐ Tenant		
Landlord's Legal Name:			
Mailing Address:			
City:		Province/Territory:	
Country:	CANADA	Postal Code:	
Telephone:		Email:	



Occupancy of Building by Others:	☐ Yes ☐ No
If "Yes", please provide details:	

Risk Location:

As Above:	☐ Yes ☐ No		
If "No", please provide details below.			
Address:			
City:		Province/Territory:	
Country:	CANADA	Postal Code:	

Insurance Experience:

Current/Last Insurer:			
Expiration Date:		Exp/Rnwl CGL Premium:	
Current Liquor Liability Limit:			
Renewal Offered:	☐ Yes ☐ No		
If "No", what was the reason?			
If this is a new owner for an existing business, please advise insurance history of prior owner as well:			
Has the Applicant had any insurance refused or cancelled within the past 7 years:	☐ Yes ☐ No		
If "Yes", please provide details:			



Claims History:

LIST OF ALL LOSSES OR CLAIMS (Whether or not Insured – sustained during the past 5 years on all operations owned or operated or at location where managerial experience was gained):			
Date of Loss:	Details of Loss:	Amount Paid/Reserve:	Open/Closed:

If previous losses/claims have occurred, please advise the steps taken to prevent re-occurrence:

Is this a new venture in the last 7 years: ☐ Yes ☐ No

General Information:

Description of Operations (Indicate all that apply):	☐ Multi-Purpose	☐ Concert Venue	☐ Amphitheatre	☐ Opera Theatre
	☐ Musical Theatre	☐ Conference Centre	☐ Community Performance Centre	
	☐ Other:			
Is this a seasonal operation:			☐ Yes	☐ No
Does the Applicant engage in rental of location for special functions (for which the Applicant does not serve food and liquor):			☐ Yes	☐ No
Does the Applicant have a written agreement in place with the renters (If “Yes”, please provide a copy):			☐ Yes	☐ No

Commercial General Liability Information:

Days open:			
Normal operating hours:			
Licensed capacity:			
Internal:		Patio:	
Dance Floor/Standing Space:	☐ Yes ☐ No	Square Feet:	
Is the Venue Seated, Standing only (General Admission) or Both:	☐ Seated ☐ G/A ☐ Both		
Does the Applicant allow Pyrotechnics/Special Lighting during performances:		☐ Yes	☐ No
Security:	Are Security sub-contracted:	☐ Yes	☐ No



	If "Yes", is proof of liability insurance obtained:	☐ Yes	☐ No
	What is the Ratio of Security to Patrons at your venue?		
	Are Security Approved for Forcible Ejection?	☐ Yes	☐ No
	Are Security Clearly Identifiable to Patrons?	☐ Yes	☐ No
	Do Security do Bag Checks/Metal Detector Checks?	☐ Yes	☐ No
Does Security ensure patrons are safe and monitor activity outside of the venue after the event ends?		☐ Yes	☐ No

Financial Information:

Gross Receipts Declaration:	Last Year:	Projected Gross Receipts for the Coming Year:
Liquor Sales:		
Food Sales:		
Venue Rental Sales:		
Cover Charge:		
Merchandise:		
Coat Check:		
Other:		
Total Receipts:		

Risk Management:

If there is stair access to public restrooms, do they have all measures in place (handrails, non-slip stairs) to avoid slip and fall:	☐ Yes	☐ No
	☐ N/A	
Are all restrooms inspected on a regular basis during business hours:	☐ Yes	☐ No
If there is a large dance floor is there a plastic cup rule in effect:	☐ Yes	☐ No
	☐ N/A	
Does the Applicant employ staff to specifically collect empty glasses and bottles and clear spills regularly:	☐ Yes	☐ No
Does the Applicant use appropriate mats and lighting around high traffic areas to mitigate slip and falls:	☐ Yes	☐ No
Is public transport readily available:	☐ Yes	☐ No
Is a contractor hired to remove snow from the insured's property with a certificate of insurance provided:	☐ Yes	☐ No
Has the Applicant had any food or health violations:	☐ Yes	☐ No



Number of First Aid available on-site:	
Number of AED on-site:	

Staffing:

Number of employees:		Managers:	
Full-Time employees:		Part-time employees:	
Is the owner involved in the day-to-day management of the establishment:		☐ Yes ☐ No	
If "No", provide details:			
Have all managers/servers taken the provincial server program or equivalent:		☐ Yes ☐ No	
Does the establishment have a staff training program:		☐ Yes ☐ No	
Does the Applicant maintain an incident log:		☐ Yes ☐ No	
Are there procedures in place covering:			
Handling broken glassware:	☐ Yes ☐ No	Cleaning of spillage:	☐ Yes ☐ No
Slip, trip, and falls:	☐ Yes ☐ No	Provision of first aid:	☐ Yes ☐ No
Does the Applicant have written policies and procedures regarding service of alcohol and are they posted for all staff members:		☐ Yes ☐ No	
What are the set procedures for handling intoxicated patrons and who would be barred from the premises:			
Are police called to handle intoxicated patrons who resist the invitation to leave:		☐ Yes ☐ No	

Commercial General Liability Requirements:

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



Optional Coverage:

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
Does the Applicant serve alcohol at their events?	☐ Yes ☐ No
Who is responsible for/holds the liquor license:	☐ Applicant ☐ Venue ☐ Caterer
If the Applicant serves alcohol at their events, please complete the Supplemental Application for Liquor Liability.	
Property – Additional Application Required:	☐ Yes ☐ No
If Property Cover is required, please complete the Application for Commercial Property Insurance.	



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 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: _____