

Special Events Liability Application
Cambrian Special Risks Insurance Services
130 Paris Street
Sudbury ON P3E 3E1
Phone: (888) 339-6069 Fax: (866)-308-2784
Email: quotes@cambrianspecialrisks.com

SECTION 1: APPLICANT INFORMATION

1. Name of Applicant: _____

2. Address:

	Street Number	Street Name	Apartment / Suite Number
City:	Province:	Postal Code:	

3. Phone: _____ Fax: _____

4. Website Address : _____

5. Will you require an Additional Insured to be added to the policy? Yes No
 If "Yes", please provide name and mailing address: _____

SECTION 2: INSURANCE INFORMATION

1. Policy period From: _____ To: _____

2. Limit required: \$1,000,000 \$2,000,000 \$5,000,000 Other

3. Are you aware of any incident which may result in a claim against you? Yes No
 If "Yes", please provide details: _____

4. Has any company declined or cancelled any coverage, for you or this function / event, in the past? Yes No
 If "Yes" please provide details: _____

5. Loss History, please provide details below (attach additional page(s) if necessary):

Coverage	Limit Carried	Premium	Total Losses
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6. Previous Carrier: _____ Premium: _____

SECTION 3: UNDERWRITING INFORMATION

7. Description of function / event: _____

8. Address of function / event: _____
Street Number Street Name

Postal code: _____ City: _____ Province: _____

9. Function / event start date: _____ Time: _____ am _____ pm

Function / event end date: _____ Time: _____ am _____ pm

10. Indoor function / event or Outdoor function / event

If the function / event is outdoors, describe type of fencing or barriers used to prevent entry by non-ticket holders: _____

If the function / event is outdoors, does the function / event end 90 minutes before sundown? Yes No

If "No", is there lighting over spectator and parking areas? Yes No

11. Detail activities and attendance below:

Day	Main Activity	Estimated Attendance	Other Activities	Total Attendance
1				
2				
3				
4				

12. Will alcohol be served at the function / event or at any of the activities? Yes No

Who will be serving the alcohol? _____

Does this company/person have a valid, in-force liability policy (separate from the policy being applied for in this application)? Yes No

If "Yes", will they provide a liability certificate naming you as an additional named insured? Yes No

Liquor license number: _____

Will there be a restricted area for the serving and consuming of alcohol? Yes No

If "Yes", please provide details on how the location will be secured and who will be responsible for admission: _____

Are all bartenders and servers Smart Serve certified? Yes No

13. How are the following handled:

Patrons who arrive impaired: _____

Patrons who are abusive, disruptive or who fight: _____

Patrons who are visibly impaired when they leave the function / event: _____

14. Give details below if products coverage for concession and/or food served is required:

Concession	Food Service	Type of Food /Concession	Name of Concession Owner / Food Service Provider Name
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Do the concessionaires have a valid, in-force liability policy, including products (separate from the policy being applied for in this application)? Yes No

If "Yes" will the concessionaires provide liability certificates, including products, naming you as an additional insured? Yes No

15. What is your experience producing/hosting this type of function / event (number, dates etc.)? _____

16. Will any grandstands or bleachers be used? Yes No

If "Yes", please confirm type, capacity, condition and construction: _____

Are the grandstands or bleachers Temporary Permanent

If temporary who will be erecting the bleachers or grandstands? _____

Does this company/person have a valid, in-force liability policy (separate from the policy being applied for in this application)? Yes No

If "Yes", will they provide a liability certificate naming you as an additional named insured? Yes No

17. Is a stage being used? Yes No

If "Yes", describe height and what systems or physical characteristics will be used to keep spectators off stage: _____

Is the Stage Temporary Permanent

If temporary who will be erecting the stage? _____

Does this company/person have a valid, in-force liability policy (separate from the policy being applied for in this application)? Yes No

If "Yes", will they provide a liability certificate naming you as an additional named insured? Yes No

18. Who is the security provider for this function / event? _____
 How many security personnel will be on site per day? _____

19. Who is providing the first aid services? _____
 How many medical personnel will be on site per day? _____
20. Do the security and medical personnel have their own liability insurance? Yes No
 If "Yes", will they provide a liability certificate naming you as an additional named insured? Yes No
21. What are the procedures for emergency evacuation? _____

22. How is parking traffic handled? _____

23. Will you have remote parking? Yes No
 If "Yes", what arrangements have been made for shuttle service(s)? _____

SECTION 4: OTHER INFORMATION

1. Please provide any other information you feel would assist in the evaluation of your application:
2. Please include maps of the area, event schedule(s) and any literature and/or promotional publications associated with the function / event.

SECTION 3: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	