

**TULIP - SPORTS**

SPECIAL EVENTS LIABILITY INSURANCE APPLICATION for Sporting Events

1. Name of Applicant/Named Insureds:  
\_\_\_\_\_

2. Mailing Address:  
\_\_\_\_\_

3. Contact Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

4. Describe Event / Sporting Activities to be included:  
\_\_\_\_\_

5. Location of Event: (Full Address)  
\_\_\_\_\_

6. Effective Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Expiry Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

7. Provide approximate breakdown of players by the following age category in your event by number. If you participate in more than one activity, please provide a similar list for all activities.

	Percentage of Females	Males
Youth:		
Participants Ages ___ to 13 years of age :	_____	_____
Participants Ages 13 to 18 years of age:	_____	_____
Senior:		
Participants Ages 19 to 35 years of age:	_____	_____
Participants Ages 35 and up:	_____	_____

TOTAL NUMBER OF PARTICIPANTS: \_\_\_\_\_

TOTAL NUMBER OF TEAMS (IF APPLICABLE): \_\_\_\_\_

TOTAL NUMBER OF SPECTATORS: \_\_\_\_\_

8. If hockey, any contact? \_\_\_\_\_
9. Do you require waivers to be signed by all participants? Please provide a copy for our file. \_\_\_\_\_
10. Are you affiliated with Summer AAA Leagues or Tournaments?: \_\_\_\_\_
11. Any U.S. or Foreign participants?
12. Will there be alcohol served at any of the activities? Yes  No   
**\*\*If yes, then please fill out our Host Liquor Supplement\*\***
13. What is your experience producing this type of event.  
 \_\_\_\_\_
14. Are there any activities involving trampolines and/ or inflatable jumping pillows: Yes  No   
 if yes please explain: \_\_\_\_\_
15. Will any grandstands or bleachers be used? Yes  No   
 If yes, confirm the construction. \_\_\_\_\_
- Capacity \_\_\_\_\_ General Condition \_\_\_\_\_
16. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation.  
 \_\_\_\_\_
17. General Comments  
 \_\_\_\_\_
18. Has any company declined or cancelled any coverage? Yes  No   
 If so, please provide detail. \_\_\_\_\_
19. Previous Carrier \_\_\_\_\_  
 Premium \_\_\_\_\_
20. Limits Requested: (check one)  1 Million  2 Million  5 Million  Other: \_\_\_\_\_
21. 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 the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.

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



#103-8411 200<sup>th</sup> STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

**HOST LIQUOR SUPPLEMENTAL APPLICATION TO SPECIAL EVENT LIABILITY**

To be completed if Host Liquor coverage is requested for your event.

1. Name of Applicant/Named Insureds:  
\_\_\_\_\_
2. Type of Host Liquor function \_\_\_\_\_
3. Name and Address of Permit Holder (Insured)  
\_\_\_\_\_
4. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. \_\_\_\_\_
5. Liquor License Board Permit No. and Capacity applied for (# of patrons): \_\_\_\_\_
6. From - Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
To - Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.
7. Number of people at Host Liquor function \_\_\_\_\_
8. Location of Host Liquor function \_\_\_\_\_
9. Limit of Host Liquor Liability (Check One):      1 Million       2 Million
10. Who is designated to handle the following:
  - (A) Impaired patrons who arrive at your function \_\_\_\_\_
  - (B) Patrons who have become visibly impaired at your function \_\_\_\_\_
  - (C) Patrons who fight \_\_\_\_\_
  - (D) Patrons who become disruptive and abusive \_\_\_\_\_
  - (E) Patrons who are obviously impaired who leave your function (Alone) \_\_\_\_\_
11. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. \_\_\_\_\_

**\*\*PLEASE NOTE: THIS APPLICATION TO BE USED ONLY IN CONJUNCTION WITH TULIP SPECIAL EVENTS LIABILITY INSURANCE APPLICATION AND MUST ACCOMPANY SUCH WHEN LIQUOR IS BEING**