

TOTTEN GROUP

I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205
 New Submissions: casualty@tottengroup.com Website: www.tottengroup.com

SPECIAL EVENTS INSURANCE APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

1. Name of Applicant _____

2. Mailing Address _____

3. Contact Name _____ Phone No. _____

4. Describe Event _____

5. Location of Event _____

6. Effective Date _____ Time _____ A.M. _____ P.M.
 Expiry Date _____ Time _____ A.M. _____ P.M.

7. Please provide the following information about Daily Activities and Estimated Attendance

<u>Day</u>	<u>Main Activity</u>	<u>Estimate Attendance</u>	<u>Other Activities</u>	<u>Total Attendance</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Attach separate sheet if required for events beyond 5 days or to provide more detail.

8. Who is providing food and/or drink or other? (Name) _____

If Products coverage is desired for food served or for concession stands, please indicate kind of food served, by whom, and type of concession _____

If other than the Applicant, is a Certificate of Insurance provided? Yes No

Name of Insurer _____



9. Will there be alcohol served at any of the activities? Yes No
10. Liquor License Board Permit No. And capacity applied for (# of patrons) _____
11. Name and Address of Permit Holder (Insured)

12. Type of function _____
13. From - Date _____ Time _____ A.M. P.M.
To - Date _____ Time _____ A.M. P.M.
14. Number of people at function _____
15. Location of function _____

16. Limit of host liquor liability _____
17. 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 _____
18. 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 Yes No
19. What is your experience producing this type of event _____

20. Will any grandstands or bleachers be used? Yes No
If yes, confirm the construction _____

- Capacity _____ General Condition _____
21. Will there be any use of Amusement Rides, Bouncy Castles, Bonfire, Fire Works etc. If so, please provide full details.

22. Describe safety measures, i.e. parking, traffic, security, supervision, first aid, education.

23. General Comments _____

24. Has any company declined or cancelled any coverage Yes No
If so, please provide details _____



25. Previous Carrier _____
Premium _____

26. Limits Required _____

27. 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.

Signature of Applicant

Name of Insurance Brokerage/Account Executive

Date

Signature of Broker/Account Executive



(TO BE SIGNED AND RETURNED)

HOST LIQUOR LIABILITY EXCLUSION

ATTACHED TO AND FORMING PART OF THE COMMERCIAL GENERAL LIABILITY COVERAGE AS PER WORDINGS, IT IS UNDERSTOOD AND AGREED THAT:

THE COVERAGE PROVIDED UNDER THE COMPREHENSIVE GENERAL LIABILITY COVERAGE RIDER DOES NOT APPLY TO LIABILITY OCCURRING AS A RESULT OF THE SELLING, SERVING, OFFERING OR CONSUMPTION OF ALCOHOLIC LIQUOR.

EXCEPT AS OTHERWISE PROVIDED IN THIS ENDORSEMENT, ALL THE CONDITIONS, LIMITATIONS, AND OTHER TERMS OF THIS POLICY SHALL HAVE FULL FORCE AND EFFECT.

(SIGNATURE OF APPLICANT)

(DATE)