

EVENT LIABILITY INSURANCE APPLICATION – For Private Functions (Weddings, Parties etc.)

(This application is for invitation only functions. For non-invitation type functions, please refer to our long form application)

APPLICANT DETAILS:

REQUEST TO BIND

Name of Applicant(s): _____

Postal Address: _____ City: _____ Province: _____ Postal Code: _____

Has insurance ever been cancelled or refused? Yes No

If yes, please provide details: _____

Any liability losses, insured or otherwise in the past 5 years? Yes No

If yes, please provide details: _____

EVENT DETAILS:

Name of Event: _____

Category of Event: Booth / Kiosk Private Function, Attendance by Invitation (max 1,000 guests) Public Event

Event Details: _____

Will the event be held at a private residence? Yes No

Location of Event (PO Box not acceptable):

Address: _____ City: _____ Province: _____ Postal Code: _____

If this single event will take place at multiple locations, provide details below
(Note: if there will be more than one event, more than one policy is required).

Location 2 (if applicable):

Address: _____ City: _____ Province: _____ Postal Code: _____

Location 3 (if applicable):

Address: _____ City: _____ Province: _____ Postal Code: _____

Describe Seating (folding chairs, bleachers, permanent?): _____

Indoors Outdoors

Will any alcohol be served/consumed at the event? Yes No

If yes, do you require liquor liability? Yes No

Where required by law, have you obtained the necessary liquor permit? Yes No

Who is in charge of the service of alcohol?

Insured with Serving it Right/ProServe or provincial equivalent BYOB Hired Professional Venue

Other – please describe: _____

Max # of attendees / guests: _____

Will any of the following be present / involved in the event?

Fireworks Special Effects Petting Zoo/Animals Inflatable/bouncy/jumping castle

Overnight camping or other accommodation Temporary Structures ex. grandstands/bleachers/stage

Duration of Event: Less than 24 hours 24-48 hours Over 48 hours – please describe: _____

Limit of Liability: \$1 Million \$2 Million Other – please describe: _____

Effective Date: ____ / ____ / ____ (MM/DD/YYYY) Effective Time: ____ : ____ AM PM

Expiry Date: ____ / ____ / ____ (MM/DD/YYYY) Expiry Time: ____ : ____ AM PM

Additional Insured #1 (if applicable) Name & Address: _____

Additional Insured #2 (if applicable) Name & Address: _____

***** INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER OR POLICY DOCUMENTS. *****

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Function - located at a private Residence ONLY.

\$1,000,000 limit

1-100 guests \$ 90 Premium + \$35 Policy Fee
 101-500 guests \$115 Premium + \$35 Policy Fee

\$2,000,000 limit

1-100 guests \$125 Premium + 35 Policy Fee
 101-500 guests \$145 Premium + 35 Policy Fee

Functions – not held at a private Residence)

\$1,000,000 limit

1-100 guests \$115 Premium + \$35 Policy Fee
 101-500 guests \$130 Premium + \$35 Policy Fee
 501-750 guests \$150 Premium + \$35 Policy Fee

\$2,000,000 limit

1-100 guests \$150 Premium + \$35 Policy Fee
 101-500 guests \$180 Premium + \$35 Policy Fee
 501-750 guests \$215 Premium + \$35 Policy Fee

*Liquor License Number (if applicable): _____

NOTE:

Premiums are fully earned and retained once binder number issued by Premier Marine.
 15% Broker Commission on Premium
 Premiums include Liquor Liability, but ONLY when liquor permit is obtained. NO BYOB PERMITTED.
 For limits greater than \$2 million, larger groups and longer events, please submit to Premier Marine
 The policy will be subject to a minimum \$1,000 deductible

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Signature: _____ Date: _____

Brokerage Firm: _____ AGT #: _____ Email: _____

Broker's Signature: (Print): _____ Date: _____

Premier Marine Insurance Managers Group (WEST) Inc. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizevents@premiergroup.ca ****

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London - T 519.850.1610 F 519.850.1614