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INSURANCE FOR SPECIAL EVENTS APPLICATION FORM

SECTION 1: BROKER DETAILS

1.1 Please provide the following details:

Brokerage Name: _____

Address: _____

City / Prov. / Post Code: _____

Telephone: _____ Contact Name: _____

SECTION 2: RISK DETAILS

2.1 Effective Dates: Policy period required from: _____ to _____
 (effective date) (expiry date)

2.2 Please provide the following details: (If coverage is provided for subsidiary companies, please include all subsidiary information when completing the questions in this application form)

Name of Insured: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City / Prov. / Post Code: _____

Location of Event: _____

Website: _____

Name of Event: _____ Type of Event: _____

2.3 The Applicant has continuously been in business since: _____

How many years has this event taken place? _____

Does the Applicant currently carry insurance? Yes No

Who is the current carrier? _____

Is the current carrier offering renewal? Yes No

Are there any losses in the past 5 years? Yes No

2.4 Event Details: _____

SECTION 3: BUSINESS ACTIVITIES

3.1 Hours of event: _____ to _____

Admission fee: _____

Estimated number of attendees: _____

Estimated number of participants: _____

3.2 Describe Seating (folding chairs, bleachers, grandstand seating): _____

3.3 Is the event: Indoor Outdoor

3.4 Will there be vendors or exhibitors? Yes No

If so, do they provide a certificate of insurance? Yes No

3.5 Will there be music at the event? Yes No

3.6 Is food being sold? Yes No

If yes, by whom: _____

If a third party, do they carry insurance? Yes No

3.7 Is alcohol being sold? Yes No

If yes, by whom: _____

If a third party, do they carry insurance? Yes No

3.8 Will fireworks or any other special effects be part of the event: Yes No

If yes, certificate of insurance is required

3.9 Will there be a petting zoo or any other animals involved in the event? Yes No

If yes, certificate of insurance is required

3.10 Will there be any inflatable/bouncy/jumping castles? Yes No

If yes, certificate of insurance is required

3.11 Will any temporary grandstand, bleacher or stage be set up? Yes No

If yes, by whom: _____

Will a certificate be provided by the installer? Yes No

3.12 Please provide security details for the event: _____

3.13 Will there be any designated children's area? Yes No

If so, are parents required to supervise at all times? Yes No

3.14 Will there be a parade at the event? Yes No

Parade route length: _____

Number of floats in the parade: _____

Number of bands: _____

Number of motorized vehicles: _____

Number of participants: _____

Number of spectators: _____

3.15 Will there be horses in the parade? Yes No
 If yes, certificate of insurance is required

3.16 Has this event been held in the past? Yes No

SECTION 4: CLAIMS INFORMATION

4.1 Regarding all types of insurance to which this application form relates:
 a. is the Applicant aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last five (5) years, or
 b. is the Applicant aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof, or
 c. have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof, or
 d. have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c, and d above: Yes No

If the answer to the above is Yes, then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by the Applicant and/or by Insurers, and the dates of all developments and payments.

4.2 Does the Insured have a formal loss-control program? Yes No
 If yes, describe:

4.3 Does the Insured have a formal employee safety-training program? Yes No
 If yes, describe:

SECTION 5: INSURANCE COVERAGE REQUIREMENTS

5.1 Please provide details of the Applicant's current / required General Liability insurance coverage:
 Effective / Expiry Date: _____
 Limit: _____ Deductible: _____

5.2 Desired Coverage Limits:
 General Liability _____
 Sports Accident _____
 Property _____
 Other (specify): _____

