



SPECIAL EVENTS LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:** _____

2. **Mailing Address:** _____

Website Address: _____

Status of Applicant:

- Individual Partnership Corporate Group
- Other: _____

Interest of Applicant in premises, if any:

- Owner Tenant General Lessee
- Other: _____

Describe Applicant's experience with events of this type:

3. Provide complete description of events:

4. Effective Date: _____ Time: _____ a.m. p.m.

5. Exact location and size of area where activities will be conducted:

6. Estimate amount of:
 Participants _____ Spectators: _____ Employees _____ Volunteers _____
 Admission _____ Payroll _____ Receipts _____

7. Are all employees covered under WSIB? Yes No

If No, please list numbers by job description and estimated payroll:

Job Description	Payroll
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total payroll: _____ No. of Employees: _____

8. a) Has this event been held by Applicant in the past? Yes No

If Yes, how many years? _____

b) Has any company declined or cancelled any coverage: Yes No
 If so, please give reasons:

9. Previous carrier: _____

Please provide copy of previous policy, if available.

Claims Made? Yes No

10. a) If products coverage is desired for food served for concession stands, please indicate kind of food served, by whom and type of concession(s) as well as approximate number of concessions:

b) Any other vendor or trade booths? _____

c) Are any vendors required to provide a Certificate of Insurance? Yes No

11. Will alcohol be served at the event? Yes No

Will it be served by the Applicant? Yes No

If Yes, are servers trained in a recognized program? Yes No

If No, will the Insured require evidence of insurance from the server? Yes No

Liability Limits requested: _____

12. Are there any First Aid facilities on the premises? Yes No
Describe:

13. Will Applicant secure certificate of insurance from owners or operators who stage the event(s) or otherwise operates under contract with the Applicant? Yes No

What Limits of Liability are required by the Applicant? _____

Is Applicant required to furnish certificates? Yes No
To whom?

14. Are independent contractors used for any operations? Yes No
If so, please specify receipts and activity:

Is proof of insurance obtained from contractor? Yes No
If No, please explain:

If Yes, please provide what limits they are required to provide: _____

15. Does Applicant have any agreements assuming liability?
If so, please describe and provide copies: Yes No

16. Who is responsible for providing security?
Describe supervision: Yes No

If an outside security firm, is Certificate of Insurance required? Yes No

17. Does Applicant provide parking area?
Attendants? Yes No
 Yes No

18. If event is held within buildings, are premises designed for such use?

What is construction of building? _____

General condition? _____

Is panic hardware used on all exits? Yes No

Is building designed for such usages? Describe building in detail under remarks. Yes No

19. Will any bleachers be used?
If so, designate number of bleacher units and capacity of each: Yes No

Are they all wood, all steel or a combination of wood and steel? _____

If not, please describe the type of seating provided. _____

20. Is applicant providing any overnight camping facilities or other accommodation? Yes No
If Yes, please describe:

21. Does the event involve a Parade? Yes No
Number of Units in Parade (*a Marching Band, a Float, a Car carrying Personalities etc., is considered as one unit*) Describe:

Length of Parade in Blocks: _____ Length in Time: _____
Estimated number of Spectators at Parade: _____

22. If fireworks are a part of program, give complete description of display:

Distance to Public: _____ Distance to nearest buildings: _____

Distance to nearest auto parking area: _____

Length of display: _____ Who will set off fireworks? _____

Under whose direction will fireworks be set off?

Will area be checked later for unexploded fireworks? Yes No

23. If a rodeo, horse show or similar type exhibition, are fences barricades and pens adequate to confine animals? Yes No
Describe as to height, construction, conditions, etc.:

Are fencing, corrals, etc. permanent installations?
 If not permanent, who provides and maintains this equipment:

Yes No

24. General remarks (describe any unusual exposures):

25. **Claims History:**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies or organizations which have been taken over or merged with your company or organization.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?

Yes No

If Yes, give details:

2*. **Non-Owned Automobile**

Number of employees using their cars on company business: Regularly _____ Occasionally _____

Estimated annual cost of:

hired cars _____ cars operated under contract _____

2+. **Accident Prevention and First Aid**

First Aid Post:

Doctors: _____ Full Time: _____ Part Time: _____ Nurses: _____ Full Time: _____ Part Time: _____

Fire alarm – other warning systems:

Is there a security officer or are there loss prevention engineers employed?

Yes No

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**