



SPECIAL EVENTS APPLICATION

This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided in the application. The applicant warrants the information provided is accurate, true, and complete.

Name of Insured(s):			
Address:		City:	
Province:		Postal code:	
Telephone:		Type of event: Private Public	
Purpose of Event: Social Gathering Educational Event Brand Awareness Other			
If other, provide additional information:			
Event Address:			
Effective date (MM/DD/YY):		Effective time:	
Expiry date (MM/DD/YY):		Expiry time:	
Maximum capacity of venue:		Will the event be held: Indoors Outdoors	
<i>All samples must be packaged in accordance with Health Canada regulations. All municipal, provincial, and federal guidelines must always be adhered to.</i>			
Type of music at the event? Personal Playlist Live Band DJ			
Provide the performer's name/band and genre of music:			
Attractions operated by Insured	Attractions operated by 3rd Party	Proof of insurance obtained	Participant waiver required
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
Will food or beverages be available at the event?			Yes No
If yes, who will provide: Insured Venue Caterer			
Will alcohol be available at the event?			Yes No
If yes, who will provide: Insured Venue Caterer/Bartender			
Date (MM/DD/YY):	Start time:		Finish time:
Will cannabis be consumed at the event?			Yes No
If yes, who will provide: Insured Venue Caterer/Butdender			
<i>*All bartenders and Butdenders are required to be provincially certified for responsible liquor and cannabis service (Example: CannSell, Sale Safe, Smart Serve or ProServe certified). It is the insured's responsibility to ensure all staff and hired personnel are certified, by obtaining proof of certification.</i>			



Is the venue accessible for taxis and ride share applications?	Yes	No
Will there be security measures in place to ensure the safety of attendees, prevent underage or illegal consumption of cannabis and/or alcohol?	Yes	No
Who will provide event security/ supervision? Please describe:	On/off duty police	Hired security
	Venue	Insured
Will any temporary grandstand(s), bleacher(s) or stage(s) be set-up?	Yes	No
Will a certificate of insurance be provided by the installer(s)?	Yes	No
Provide details on the installation, such as the construction, capacity, etc.:		
Has this event been held by the applicant in the past?	Yes	No
Has insurance for this event ever been declined or cancelled?	Yes	No
If yes, please provide details:		
Loss history:		
Limit of Liability Required:	\$1,000,000	\$2,000,000
	\$3,000,000	\$5,000,000
	\$10,000,000	\$15,000,000
Is additional property coverage required for items you own or rent?	Yes	No
Please describe property to be insured and provide required limits:		
General Comments/Unusual Exposure:		
List all entities requiring Additional Insured status on the applicant's policy:		
Name	Mailing Address	Reason for Additional Insured Status



Other Conditions: Questions and information provided in this application will become part of the policy of insurance if issued. Other Terms, Conditions and Coverages will be included as part of any insurance policy issued by the insurance company. Those Terms, Conditions and Coverages may differ from what is requested in this application. Bearing the foregoing, I understand and agree these investigations shall not be confined to information submitted in this application but shall include any other sources of information deemed relevant by the Company as may be authorized by law. I, an authorized representative, understand and agree with this application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

THIS APPLICATION MUST BE SIGNED BY INSURED AT BINDING. THE DATE MUST BE WITHIN 30 DAYS OF THE INCEPTION DATE. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY.

Applicant name:

Address:

City / Province:

Postal Code:

Telephone:

E-mail:

Broker Signature:

Insured Signature: