

**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      \$ 95 Premium + Policy Fee
- 101-500 guests      \$ 115 Premium + Policy Fee

**\$2,000,000 limit**

- 1-100 guests      \$ 135 Premium + Policy Fee
- 101-500 guests      \$ 170 Premium + Policy Fee

**Functions – not held at a private Residence**

**\$1,000,000 limit**

- 1-100 guests      \$ 125 Premium + Policy Fee
- 101-500 guests      \$ 145 Premium + Policy Fee
- 501-750 guests      \$ 165 Premium + Policy Fee

**\$2,000,000 limit**

- 1-100 guests      \$ 165 Premium + Policy Fee
- 101-500 guests      \$ 200 Premium + Policy Fee
- 501-750 guests      \$ 235 Premium + Policy Fee

\*Liquor License Number (if applicable): \_\_\_\_\_

Premium: \$ \_\_\_\_\_ + Policy Fee \$65

**NOTE:**

**Premiums are fully earned and retained once binder number issued by Premier Canada.**

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 Canada

The policy will be subject to a minimum \$1,000 deductible

**DECLARATION / CONSENT**

**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 Canada Assurance Managers Ltd. 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](mailto:newbizevents@premiergroup.ca) \*\***

**Vancouver - T 604.669.5211 F 604.669.2667**

**London - T 519.850.1610 F 519.850.1614**