

EVENT PLANNER LIABILITY APPLICATION

1. Name of Applicant: _____
2. Mailing Address: _____ City: _____ Province: _____ Postal Code: _____
3. Phone: _____ Fax: _____
4. Applicant is a: Individual Corporation Partnership Other: _____
5. Dates of Coverage Requested: From: _____ To: _____
6. Limit of Liability Requested: _____
7. Type of Events: _____

8. Receipts: _____

9. Please identify any Additional Security measures taken to minimize exposure to loss (i.e., local police force used, ticket sale precautions, curfews, etc.):

10. Describe First Aid Facilities: _____

11. Has any form of Insurance been cancelled or declined Yes No If yes, please explain:

Previous insurance history: (Attach complete detailed schedule)

Name of Carrier	Premium	Losses	Total Amount of Losses Paid and/or Reserved
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Applicant Signature: _____ Date: _____

Title: _____ Phone: _____

Agent/Broker: _____ Phone: _____

Broker Address: _____