

TULIP - SPORTS: SPECIAL EVENTS LIABILITY INSURANCE APPLICATION FOR SPORTING EVENTS

1. Name of Applicant/Named Insureds: _____

2. Mailing Address: _____

3. Contact Name: _____ Phone No: _____ Fax No: _____

4. Describe Event/ Sporting Activities to be included:

5. Location of Event (Full Address):

6. Effective Date: _____ Time: _____ A.M. P.M.

Expiry Date: _____ Time: _____ A.M. P.M.

7. Provide approximate breakdown of players by the following age category in your event by number. If you participate in more than one activity, please provide a similar list for all activities.

		Percentage of	
		Females	Males
Youth:	Participants Ages _____ to 13 years of age:	_____	_____
	Participants Ages 13 to 18 years of age:	_____	_____
Senior:	Participants Ages 19 to 35 years of age:	_____	_____
	Participants Ages 35 and up:	_____	_____

TOTAL NUMBER OF PARTICIPANTS: _____

TOTAL NUMBER OF TEAMS (IF APPLICABLE): _____

TOTAL NUMBER OF SPECTATORS: _____

8. If hockey, any contact? _____

9. Do you require waivers to be signed by all participants? Please provide a copy for our file _____

10. Are you affiliated with Summer AAA Leagues or Tournaments? _____

11. Any U.S. or Foreign participants? _____

12. Will there be alcohol served at any of the activities? Yes No

****If yes, then please fill out our Host Liquor Supplement****

13. What is your experience producing this type of event:

14. Are there any activities involving trampolines and/ or inflatable jumping pillows? Yes No If yes, please explain:

15. Will any grandstands or bleachers be used? Yes No If yes, confirm the construction:

Capacity: _____ General Condition: _____

16. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation:

17. General Comments:

18. Has any company declined or cancelled any coverage? Yes No If so, please provide detail:

19. Previous Carrier: _____

Premium: _____

20. Limits Requested (Check one): 1 Million 2 Million 5 Million Other _____

21. Loss History:

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.

Applicant's Signature

Position

Print Name

Date

HOST LIQUOR SUPPLEMENTAL APPLICATION TO SPECIAL EVENT LIABILITY

To be completed if Host Liquor coverage is requested for your event.

1. Name of Applicant/Named Insureds: _____
2. Type of Host Liquor function: _____
3. Name and Address of Permit Holder (Insured): _____
4. Liquor License Board Permit No. and Capacity applied for(# of patrons): _____
5. From - Date: _____ Time: _____ A.M. P.M.
To - Date: _____ Time: _____ A.M. P.M.
6. Number of people at Host Liquor function: _____
7. Location of Host Liquor function: _____
8. Limit of Host Liquor Liability (Check One): 1 Million 2 Million
9. Who is designated to handle the following:
A) Impaired patrons who arrive at your function _____
B) Patrons who have become visibly impaired at your function _____
C) Patrons who fight _____
D) Patrons who become disruptive and abusive _____
E) Patrons who are obviously impaired who leave your function (Alone) _____
10. If third party is responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured: _____

****PLEASE NOTE: THIS APPLICATION TO BE USED ONLY IN CONJUNCTION WITH TULIP SPECIAL EVENTS LIABILITY INSURANCE APPLICATION AND MUST ACCOMPANY SUCH WHEN LIQUOR IS BEING SERVED AT YOUR EVENT****