

Brokerage Name:			
Broker Telephone:		E-mail:	
Business Name:			
Mailing Address:			
	City:	Prov.:	P.C.:
Owner/Operator:	Bus.#:	() -	Fax: () -
Email:	Cell #:		Res.#: () -
Alternate Contact:	Phone:		Email:
Website:			

Previous Insurance Provider: _____ Premium: _____

Have you ever been cancelled for nonpayment? Yes No

EXPERIENCE:

Number of years in business or how many similar events been held?

Past experience running similar events:

ADDITIONS TO THE POLICY

ADDITIONAL INSURED: (Provide full name, address and interest in the policy * i.e. Landlord, contractor, etc.)

1. _____

2. _____

3. _____

CLAIMS HISTORY

Has the company &/or staff had claims against them in last 5 years? _____, If yes please list details:

Date of Loss	Loss Details	Amount Paid/Reserve

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms and correspondence. I understand that any forms or other material submitted with the application constitute part of my application for insurance. I further understand and agree that any misrepresentation or failure to provide true and accurate information may result in the voiding of and/or denial of claims under any policy issued at the option of the company.

By submitting this application and any related forms to **Sports & Fitness Insurance Canada**, you provide **Trothen & McConkey Insurance Broker Ltd.** with your consent to the collection, use and disclosure of your personal information, including that previously collected, for the purpose of: communicating with you; assessing your application for insurance and underwriting your policies; evaluating claims; detecting and preventing fraud; analyzing business results; and acting as required or authorized by law.

Applicant: Signature: _____ Title: _____ Date: _____

****Please complete the EVENT page (next) for each event held. Please call first if more than 3 events throughout the year**

SPECIAL EVENTS APPLICATION

Trothen & McConkey Insurance

Phone: 1-519-672-3224 Toll Free 1-888-346-6602 Fax: 1-519-439-8865

[e-mail – info@sportsfitnesscanada.com](mailto:info@sportsfitnesscanada.com)

EVENT 1

NOTE: SEPARATE PAGE NEEDED FOR EACH EVENT (UNLESS MORE THAN 3 EVENTS PER YEAR)

LIABILITY INFORMATION

 Liability Limit Requested: \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

DESCRIPTION OF OPERATIONS: (Use another page if necessary)

Industry	_____	Consumer (open to the public)	_____

LOCATION OF EVENT (Full Address and description of location)

DURATION:

Starting Date:	_____	Time:	_____	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>
Ending Date:	_____	Time:	_____	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>
*Rain Date:	_____	Time:	_____	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>

DAY	MAIN ACTIVITY	# OF PARTICIPANTS/ REGISTRANTS	# OF VISITORS/ SPECTATORS	OTHER ACTIVITIES
1				
2				
3				
4				

ADDITIONAL INFORMATION:

Will grandstands or bleachers be used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, Capacity:	General Condition:			
Will there be First Aid available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please describe:				
Will there be paramedics on site?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Describe the safety or injury program in place:				
Describe precautions being done to protect the safety of spectators:				
Describe precautions taken to prevent unauthorized persons from entering restricted areas:				
Are concessions offered (food/drink):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please list type of food/drink:				
Who supplies the above food/drink:				
If not the applicant, is a Certificate of Insurance provided?				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Is a Certificate of Insurance provided by all suppliers/contractors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will there be alcohol served at any of the activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

OTHER: (provide any other relevant information to be considered)

SPECIAL EVENTS APPLICATION

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[e-mail – info@sportsfitnesscanada.com](mailto:info@sportsfitnesscanada.com)

EVENT 2

NOTE: SEPARATE PAGE NEEDED FOR EACH EVENT (UNLESS MORE THAN 3 EVENTS PER YEAR)

LIABILITY INFORMATION

 Liability Limit Requested: \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

DESCRIPTION OF OPERATIONS: (Use another page if necessary)

Industry	_____	Consumer (open to the public)	_____

LOCATION OF EVENT (Full Address and description of location)

DURATION:

Starting Date:	_____	Time:	_____	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>
Ending Date:	_____	Time:	_____	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>
*Rain Date:	_____	Time:	_____	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>

DAY	MAIN ACTIVITY	# OF PARTICIPANTS/ REGISTRANTS	# OF VISITORS/ SPECTATORS	OTHER ACTIVITIES
1				
2				
3				
4				

ADDITIONAL INFORMATION:

Will grandstands or bleachers be used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, Capacity:	General Condition:			
Will there be First Aid available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please describe:				
Will there be paramedics on site?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Describe the safety or injury program in place:				
Describe precautions being done to protect the safety of spectators:				
Describe precautions taken to prevent unauthorized persons from entering restricted areas:				
Are concessions offered (food/drink):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please list type of food/drink:				
Who supplies the above food/drink:				
If not the applicant, is a Certificate of Insurance provided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is a Certificate of Insurance provided by all suppliers/contractors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will there be alcohol served at any of the activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

OTHER: (provide any other relevant information to be considered)

EVENT 3

NOTE: SEPARATE PAGE NEEDED FOR EACH EVENT (UNLESS MORE THAN 3 EVENTS PER YEAR)

LIABILITY INFORMATION				
Liability Limit Requested: <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000				

DESCRIPTION OF OPERATIONS: (Use another page if necessary)				
Industry	_____	Consumer (open to the public)	_____	

LOCATION OF EVENT (Full Address and description of location)				

DURATION:					
Starting Date:		Time:		a.m. <input type="checkbox"/>	p.m. <input type="checkbox"/>
Ending Date:		Time:		a.m. <input type="checkbox"/>	p.m. <input type="checkbox"/>
*Rain Date:		Time:		a.m. <input type="checkbox"/>	p.m. <input type="checkbox"/>

DAY	MAIN ACTIVITY	# OF PARTICIPANTS/ REGISTRANTS	# OF VISITORS/ SPECTATORS	OTHER ACTIVITES
1				
2				
3				
4				

ADDITIONAL INFORMATION:							
Will grandstands or bleachers be used?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes,	Capacity:	General Condition:					
Will there be First Aid available?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please describe:							
Will there be paramedics on site?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Describe the safety or injury program in place:							
Describe precautions being done to protect the safety of spectators:							
Describe precautions taken to prevent unauthorized persons from entering restricted areas:							
Are concessions offered (food/drink):				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please list type of food/drink:							
Who supplies the above food/drink:							
If not the applicant, is a Certificate of Insurance provided?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is a Certificate of Insurance provided by all suppliers/contractors?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will there be alcohol served at any of the activities?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

OTHER: (provide any other relevant information to be considered)				