

Special Event Liability Application

DIRECT CLIENT SUBMISSION

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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.

1. Name of Insured(s): _____
If an individual, date of birth: _____
2. Mailing Address: _____
City, Province: _____ Postal Code: _____
Telephone: _____
3. Additional Insured(s): _____
4. Type of Event: _____
5. Effective Date: _____ (MM/DD/YY) Effective Time: _____ AM PM
Expiry Date: _____ (MM/DD/YY) Expiry Time: _____ AM PM
6. Detail daily activities: (Attach separate sheet if event duration is over three days or insufficient space.)
Day 1: _____
Day 2: _____
Day 3: _____
7. Attendees per day: _____ Attendees for event: _____
Admission Fee: _____ Tickets printed: _____
8. Event Location Name: _____
Address of Facility: _____
Will the event be held: Indoors Outdoors
9. Will there be music at the event: No Live Band DJ/ MP3 player
Provide name of performer/ band and genre of music: _____
10. Will there be vendors or exhibitors: Yes No
Will vendors/exhibitors be required to show proof of liability: Yes No Limit: _____
11. Will food and/or beverages be available at the event: Yes No
If Yes, who will provide: Insured Venue Caterer
12. Will alcohol be consumed at the event: Yes No
If Yes, who will provide: Insured Venue Caterer/ Bartending Service
13. Provide the following details with regards to alcohol consumption: (Attach separate sheet if insufficient space.)
Date: _____ Time: _____ AM PM to _____ AM PM Patrons: _____
Location: _____ Are servers trained: Yes No
Date: _____ Time: _____ AM PM to _____ AM PM Patrons: _____
Location: _____ Are servers trained: Yes No
14. Will fireworks or any other special effect(s) be part of the program: Yes No
If Yes, a certificate of insurance is required.
15. Will there be a petting zoo or any other animal(s) involved in the event: Yes No
If Yes, a certificate of insurance is required.
16. Will there be any inflatable(s)/ jumping castle(s) at the event: Yes No
If Yes, is coverage secured elsewhere: Yes No

Special Events Liability Application ~ Direct Client Submission

For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

17. Will there be a parade at the event: Yes No
 Number of units in the parade: _____ Police escort: Yes No
 Parade route length: _____ km Length of parade: _____ hrs
 Will there be any horses in the parade: Yes No
 If Yes, each horse owner is required to provide proof of insurance to the Insured.
18. Will overnight camping or other accommodation be provided: Yes No
 Accommodation type: _____
 Sleeping arrangements: _____
19. Will any temporary grandstand(s), bleacher(s) or stage(s) be set-up: Yes No
 If Yes, who will install/ set-up: _____
 Will a certificate of insurance be provided by the installer(s): Yes No
 Provide details on the installation, such as the construction, capacity, etc.:

20. Who will provide event security/ supervision: On/Off duty Police Hired security Venue Insured
 Number of security/ supervisors on site (may include volunteers): _____
21. Will there be any designated children's area (babysitting services): Yes No
 If Yes, provide procedures in place for pick-up, identification, etc.:

22. Has this event been held by the applicant in the past? Yes No
23. Has insurance for this event ever been declined or cancelled? Yes No
 If Yes, provide details:

24. Previous Insurer: _____ Premium Paid: _____
 Loss History: _____
25. Limit of Liability: \$1,000,000.00 \$2,000,000.00 \$3,000,000.00 \$4,000,000.00 \$5,000,000.00
 Tenant's Legal Limit: \$1,000,000.00 \$2,000,000.00 \$3,000,000.00 \$4,000,000.00 \$5,000,000.00
 (\$500,000.00 included)
26. General Comments/ Unusual Exposure:

I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should a policy be issued this Application form will be attached to and form part of the policy and will form the basis of the contract with Underwriters. I/We agree that answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in the Application form whether made intentionally, innocently or accidentally. I/We have been advised and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Applicant Name: _____
 Address: _____
 City, Province: _____ Postal Code: _____
 Telephone: _____ Fax: _____
 E-Mail: _____
 Signature: _____