

# 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: \_\_\_\_\_ Admission Fee: \_\_\_\_\_ Attendees for event: \_\_\_\_\_  
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
- If No, coverage is in place elsewhere, an extension with a sublimit of \$250,000 is available to be added to the policy, subject to the policy, subject to additional premium of \$50.00. Do you want coverage?  Yes  No

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. Is property coverage required for items your own or rent?  NO  \$5 0000  \$10 0000  \$20 000 Other: \$ \_\_\_\_\_

Please describe property to be insured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

27. 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: \_\_\_\_\_