



Name of Event:		
Legal Name on Contract & Organizer of Event:		
Address Information & Contact Information	Street #:	Street Name:
	Suite #:	City/Town:
	Province:	Contact Name:
	Email Address:	Phone Number:

PLEASE NOTE: ALL QUESTIONS MUST BE FULLY COMPLETED TO OBTAIN A QUOTATION

EVENT INFORMATION	
Name of Venue:	Specific Area Rented:
Address of Venue:	Municipality:
Short Description of Event:	

EVENT DATE			SET-UP TIME		EVENT TIME		TAKEDOWN TIME	
DAY	MONTH	YEAR	FROM	TO	FROM	TO	FROM	TO

VENDOR INFORMATION			
Is Blanket Vendor Coverage Required? YES NO	If YES, please provide the following information below:		
If NO, are all vendors providing Certificates of Insurance showing the Organizer (and municipality if applicable) as Additional Insureds? YES or NO			
NUMBER OF VENDORS (PLEASE INDICATE THE NUMBER OF EACH TYPE OF VENDOR BELOW):			
Serving Food: _____	Serving Liquor: _____	Performers: _____	Selling Products: _____
Pony Rides: _____	Petting Zoos: _____	Hay/Sleigh Rides: _____	Other Animal Rides: _____
Carnival Games: _____	Dunk Tanks: _____	Inflatables: _____	Security Services: _____
Other Services: _____ (Please Describe in Full): _____			

EVENT EQUIPMENT	
What type of Equipment is rented for the Event? _____ N/A	
Is the Equipment provider insuring the property & liability?	
Property: YES or NO	Liability: YES or NO

EVENT SEATING	
Are there Temporary Stands? YES or NO	If YES, number of temporary seats _____ N/A
If yes, who is responsible for set-up and tear-down? _____ N/A	

ALCOHOL			
Who is serving the alcohol?			N/A
Independent vendors _____	Hired Catered _____	Event Organizer _____	N/A
Do all Alcohol Servers have smart Alcohol Server Safety Training? YES or NO			N/A
Alcohol Permit Number: _____			License Capacity on Permit: _____ N/A



INFLATABLES	
Who monitors the inflatables? _____	N/A

ANIMALS	
Who monitors the activities with animals? _____	N/A

FIREWORKS AND PYROTECHNICS	
Are there any fireworks or pyrotechnics? YES or NO	N/A
If pyrotechnics are provided by independent contractor? _____ Contractors Name: _____	N/A
Has the independent contractor provided proof of insurance? Yes or No	

SPORTS	
Are there any sport activities? Yes or No	Professional or Non-Professional
Describe Sport Event (s) _____	No. of Participants in Active Play _____
Have all participants and/or their parents/legal guardians signed waivers holding the insured harmless? Yes or No	

OVERNIGHT EXPOSURE	
Will your event include any overnight exposure, including but not limited to camping, overnight stays, or sleeping accommodations? Yes or No	

ATTENDANCE/PARTICIPANTS	
Expected Total Daily Attendance: Daily Minimum _____ Daily Maximum _____ Maximum Over the Entire Event _____	
Expected Daily Attendance Under 18 _____	Expected Daily Attendance Over 18 _____
What was Last years attendance? Daily Maximum _____ Over the entire event _____	

INSURANCE COVERAGE			
Limit of Insurance Required (please check one)	\$2,000,000	\$5,000,000	
Limit for Tenants Legal Liability (please check one)	\$1,000,000	\$2,000,000	\$5,000,000
Do you rent short term vehicles (30 days or less)? YES or NO			
If YES, how many vehicles are rented for the event? _____			
If YES, do you require Physical Damage coverage? YES or NO			
Coverage needed: \$25,000 \$50,000 \$100,000			

HISTORY OF INSURANCE	
Has the event been insured in the past? YES or NO	
If YES, Name of Insurer: _____ Premium Paid: _____	
Has this event ever been refused insurance or had insurance cancelled? YES or NO	
Has this event had a claim or an event that could lead to a claim in the last 5 years? YES or NO	
If YES, amount Paid: \$ _____ Describe claim: _____	

ADDITIONAL INSURED INFORMATION		
Provide a list of those requiring to be an Additional Insured to be added to your certificate of insurance (if more than 3 provide a separate sheet)		
	NAME	ADDRESS
1.		
2.		
3.		



Please note that the Insurance Underwriter relies on the above information, not only to determine the premium charged, but also if they would accept providing insurance coverage for this risk. Any information that is not included or not represented accurately will be considered a misrepresentation which would null and void coverage.

I understand the above YES or NO The above information is truthful and completed to the best of my ability with the knowledge at the date of applying for this insurance coverage. YES or NO

Completed by: _____ Position: _____

If this is an organization that is Incorporated under the laws of the Province or Federally in Canada, I the above person signing has authority to bind the Organization. YES NO or Not applicable (not incorporated)

Signature of Insured: _____ Date (dd/mm/yyyy): _____

*Completing and signing this form does not bind insurance coverage
Premiums must be paid in full before coverage can be bound*

**NOTE: FOR EVENTS OVER 3,000 DAILY ATTACH UNDERWRITING INFORMATION ATTACHED
OR MULTI-EVENTS COMPLETE SPREAD SHEET FORMING PART OF APPLICATION PG 4**

FOR EVENTS WITH OVER 3,000 ATTENDING DAILY ATTACH THE FOLLOWING

For General Liability

1. Risk Management Plan – this should cover emergency evacuation procedures, protocols on when the event should be evacuated, and emergency medical planning.
2. Security Protocols – including entering event, during event, and after event.
3. Map of Event – should include all areas of the event, including Vendors areas, Stages, VIP Tents, Parking, etc.
4. Contract with the Venue
5. Contract with Security Firm if applicable

For Cancellation Coverage

1. Full Budget – including standing charges (costs that will not be removed should event not proceed), variable charges (those associated with the event proceeding), and Profit/Loss.
2. Protocols for Ticket Refunding
3. Risk Management & Protocols for weather cancellation
4. If you require coverage for non-appearance of any “Key Performers” then attach those contracts for review.