

**SECTION 1: APPLICANT INFORMATION**

- Name of Applicant: \_\_\_\_\_
- Address: \_\_\_\_\_  
Street Number Street Name Apartment / Suite Number
- Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_
- Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Last Name First Name

**SECTION 2: FUNCTION / EVENT DETAILS**

- Description of function / event: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Address of function / event: \_\_\_\_\_  
Street Number Street Name  
 Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_
- Function / event start date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
 Function / event end date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
- Indoor function / event or  Outdoor function / event  
 If the function / event is outdoors, describe type of fencing or barriers used to prevent entry by non-ticket holders: \_\_\_\_\_  
 \_\_\_\_\_  
 If the function / event is outdoors, does the function / event end 90 minutes before sundown?  Yes  No  
 If "No", is there lighting over spectator and parking areas?  Yes  No
- Detail activities and attendance below:

Day	Main Activity	Estimated Attendance	Other Activities	Total Attendance
1				
2				
3				
4				

- Will alcohol be served at the function / event or at any of the activities?  Yes  No

Who will be serving the alcohol? \_\_\_\_\_

Does this company/person have a valid, in-force liability policy (separate from the policy being applied for in this application)?  
 Yes  No

If "Yes", will they provide a liability certificate naming you as an additional named insured?  Yes  No

Liquor license number: \_\_\_\_\_

Will there be a restricted area for the serving and consuming of alcohol?  Yes  No

If "Yes", please provide details on how the location will be secured and who will be responsible for admission: \_\_\_\_\_  
\_\_\_\_\_

Are all bartenders and servers Smart Serve certified?  Yes  No

How are the following handled:

Patrons who arrive impaired: \_\_\_\_\_

Patrons who are abusive, disruptive or who fight: \_\_\_\_\_

Patrons who are visibly impaired when they leave the function / event: \_\_\_\_\_  
\_\_\_\_\_

7. Give details below if products coverage for concession and/or food served is required:

Concession	Food Service	Type of Food /Concession	Name of Concession Owner / Food Service Provider Name
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Do the concessionaires have a valid, in-force liability policy, including products (separate from the policy being applied for in this application)?  Yes  No

If "Yes" will the concessionaires provide liability certificates, including products, naming you as an additional insured?  
 Yes  No

8. What is your experience producing/hosting this type of function / event (number, dates etc.)? \_\_\_\_\_  
\_\_\_\_\_

9. Will any grandstands or bleachers be used?  Yes  No

If "Yes", please confirm type, capacity, condition and construction: \_\_\_\_\_  
\_\_\_\_\_

Are the grandstands or bleachers  Temporary  Permanent

If temporary who will be erecting the bleachers or grandstands? \_\_\_\_\_

Does this company/person have a valid, in-force liability policy (separate from the policy being applied for in this application)?  
 Yes  No

If "Yes", will they provide a liability certificate naming you as an additional named insured?  Yes  No

10. Is a stage being used?  Yes  No

If "Yes", describe height and what systems or physical characteristics will be used to keep spectators off stage: \_\_\_\_\_  
\_\_\_\_\_

Is the Stage  Temporary  Permanent

If temporary who will be erecting the stage? \_\_\_\_\_  
\_\_\_\_\_

Does this company/person have a valid, in-force liability policy (separate from the policy being applied for in this application)?  
 Yes  No

If "Yes", will they provide a liability certificate naming you as an additional named insured?  Yes  No

11. Who is the security provider for this function / event? \_\_\_\_\_

How many security personnel will be on site per day? \_\_\_\_\_

12. Who is providing the first aid services? \_\_\_\_\_

How many medical personnel will be on site per day? \_\_\_\_\_

13. Do the security and medical personnel have their own liability insurance?  Yes  No

If "Yes", will they provide a liability certificate naming you as an additional named insured?  Yes  No

14. What are the procedures for emergency evacuation? \_\_\_\_\_  
\_\_\_\_\_

15. How is parking traffic handled? \_\_\_\_\_  
\_\_\_\_\_

16. Will you have remote parking?  Yes  No

If "Yes", what arrangements have been made for shuttle service(s)? \_\_\_\_\_  
\_\_\_\_\_

17. Has any company declined or cancelled any coverage, for you or this function / event, in the past?  Yes  No

If "Yes" please provide details: \_\_\_\_\_

18. Loss History, please provide details below:

Year	Insurer	Premium	Details of Loss(es)	# of Loss(es)	Total Amount(s) Paid


19. Previous Carrier: \_\_\_\_\_ Premium: \_\_\_\_\_

20. Limits Requested  \$1 million  \$2 million  \$5 million Other: \_\_\_\_\_

Please include maps of the area, event schedule(s) and any literature and/or promotional publications associated with the function / event.

**SECTION 3: DECLARATION**

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks/Echelon until accepted by Cambrian Special Risks/Echelon but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that Cambrian Special Risks/Echelon requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect.

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_  
Last Name First Name

Date: \_\_\_\_\_  
mm/dd/yyyy

Broker: \_\_\_\_\_ Telephone #: \_\_\_\_\_