



## Special Events Liability Application

1. Name of Applicant: \_\_\_\_\_  
(Must be Individual or Legal Entity)
2. Address: (Must be completed for certificate): \_\_\_\_\_
3. Effective Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Expiry Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.
4. Liability Limit Requested: \_\_\_\_\_ (Options from \$1 million to \$10 million)
5. Complete Description of Activities: \_\_\_\_\_
6. Location of Event: \_\_\_\_\_
7. Estimated Spectator Attendance per Day: \_\_\_\_\_ Number of Participants: \_\_\_\_\_  
Total Attendance for the Event: \_\_\_\_\_
8. Full Description of Safety Precautions: (eg. First aid, security, management, traffic) : \_\_\_\_\_  
\_\_\_\_\_
9. Is food and/or drink and/or other products or services provided? If yes, by whom?: \_\_\_\_\_  
\_\_\_\_\_
10. Is there a website advertising the function?: \_\_\_\_\_
11. Will alcohol be served at the event? Yes  No
12. Liquor Licence No. and capacity applied for (# of patrons): \_\_\_\_\_
13. Name of Liquor Licence Holder : \_\_\_\_\_
14. Who is serving the alcohol: \_\_\_\_\_ Volunteer  Paid
15. If a third party is responsible for liquor, is there a legal liability policy in force? Yes  No
16. Is the Applicant named as additional insured?: \_\_\_\_\_
17. Estimated Gross Receipts (Excluding Liquor): \_\_\_\_\_ Estimated Liquor Receipts: \_\_\_\_\_
18. Who is assigned to deal with the following: (Answer even if there is No Alcohol)

(A) Impaired patrons who arrive at your function: \_\_\_\_\_



(B) Patrons who have become visibly impaired at your function: \_\_\_\_\_

(C) Patrons who fight: \_\_\_\_\_

(D) Patrons who become disruptive and abusive: \_\_\_\_\_

(E) Patrons who are obviously impaired who leave your function (Alone): \_\_\_\_\_

19. What is your experience producing this type of event? (if none, explain related experience): \_\_\_\_\_

20. Will grandstands or bleachers be used? Yes  No

Construction Type: \_\_\_\_\_ Approx age of grandstands or bleachers \_\_\_\_\_

21. Has any company declined or cancelled any coverage? Yes  No

If so, please provide details: \_\_\_\_\_

22. Previous Insurance Carrier: \_\_\_\_\_

23. Premium:\$ \_\_\_\_\_ Limits: \_\_\_\_\_ Attendance # for last event: \_\_\_\_\_

24. Claims or Losses in the last five years? Yes No If YES, please describe:

25. List All "Additional Insured's" And reasoning:

Comments:

26. Distance to nearest hospital facility: \_\_\_\_\_Kms.

27. Do any of the contracts signed contain a "Subrogation Waiver" or "Hold Harmless Agreement"?

Yes  No  If yes, attach a copy.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted. I also agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal thereof. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk.

Brokerage / Agency: \_\_\_\_\_ Broker Email: \_\_\_\_\_

Broker: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

**Note – coverage cannot be bound until quoted by Beacon**