



CANADIAN SPORTS INSURANCE BROKERS

SPECIAL EVENT APPLICATION

Name of Applicant/Named Insured:

Mailing Address:

Contact Name:

Phone Number:

Fax Number:

Email Address:

Describe Event/Sporting activities to be included:

Location of Event (full address or
land location):

Name of Location:

Effective Date:

Time:

Is the Event Indoors or Outdoors?

INDOORS

OUTDOORS

Expiry Date:

Time:

Total Number of Participants:

Age Range:

Total Number of Spectators:

Estimated Gross Receipts:

Price of Admission:

Details of all Scheduled Activities
(attach separate sheet if needed)
Date-Activity-Attendance-Location

Any Touring Involved?

YES

NO

Any Shuttle Service or Valet Service
Involved?

YES

NO

Is First Aid Provided?

YES

NO

If hockey, any contact?

YES

NO

Do you require waivers to be signed
by all participants? Please provide a
copy for our file.

YES

NO

Are you affiliated with Summer AAA
Leagues or Tournaments?

YES

NO

Any USA or Foreign participants?	YES	Will there be alcohol served at any of the activities?	YES
	NO		NO

If Yes, please fill out our HOST LIQUOR SUPPLEMENT***

Does the event involve fireworks?	Does the event involve a parade?
YES NO	YES NO

Are there any activities involving trampolines and/or inflatable jumping pillows? If Yes, please explain:

Will any grandstands or bleachers be used? If Yes, confirm the construction, capacity & general condition:

Describe the safety measures. i.e., parking, traffic, security, supervision, evacuation.

What is your experience producing this type of event?

General Comments:
Attach any brochures or program literature if available.

Has any company declined or cancelled any coverage? If so, please provide details.

Previous Carrier:	Premium:
Limits Requested:	\$2,000,000 \$5,000,000 Other

Loss History: (previous 5 years)

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.

Applicants Signature: X Applicants Name:

Position: Date:

HOST LIQUOR SUPPLEMENT APPLICATION TO SPECIAL EVENT LIABILITY
(to be completed is Host Liquor coverage is requested for your event)

Name of Applicant/Named Insureds:

Type of Host Liquor Function:

Name & Address of Permit Holder:

If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant name as additional insured.

YES NO

Liquor Licence Board Permit No. &
Capacity applied for (# of patrons)

Date & Time of Function (from)

Date & Time of Function (to)

Number of people at Host Liquor
function:

Location of Host Liquor Function:

Limit of Host Liquor Liability function: \$1,000,000 \$2,000,000

Who is designated to handle the following:

A) Impaired patrons who arrive at
function?

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

C) Patrons who fight:

D) Patrons who become disruptive &
abusive

E) Patrons who are obviously
impaired who leave your function
(alone):

**** PLEASE NOTE: This application to be used only in conjunction with TULIP SPECIAL EVENTS LIABILITY insurance application and must accompany such when liquor is being served.**