

BROKERAGE INFORMATION

Broker _____
Address _____
City _____ Prov _____ Postal Code _____
Phone (____) _____ Fax (____) _____
Contact Name _____ Email Address _____

APPLICANT INFORMATION

Name of Applicant/Insured _____
Address _____
City _____ Prov _____ Postal Code _____
Contact Name _____
Phone number (____) _____ Fax (____) _____

1. Describe Event: _____

If Music: What Type? _____

2. Location of Event (full Address) _____

3. Effective Date: _____ Time _____ AM _____ PM _____
Expiry Date: _____ Time _____ AM _____ PM _____

4. Please provide the following information about Daily Activities and Estimated attendance.

	Main Activity	Estimate Attendance	Other Activities	Total Attendance
Day 1	_____	_____	_____	_____
Day 2	_____	_____	_____	_____
Day 3	_____	_____	_____	_____

More info: _____

5. Who is providing food and/or drink or other? (Name) _____

6. If products coverage is desired for food served or for concession stands, please indicate kind or food served, by whom and type of concession _____

7. If other than the applicant, is a certificate of insurance provided? Yes _____ No _____

Name of Insurer _____

8. Will there be alcohol served at any of the activities? Yes _____ No _____

If yes please fill in the Host liquor Supplement application and submit with this application.

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

10. What is your experience with producing this type of event? _____

11. Will any grand stand or bleachers be used? Yes _____ No _____

If yes, please provide what they are constructed of? _____

Capacity? _____ *Note: picture of venue may be required*

General Condition _____

12. Describe safety measures, i.e. parking, traffic, supervision, first aid, evacuation.

13. General Comments _____

14. Previous Carrier _____

Premium: _____

15. Limit Requested: (check one) \$1 million _____ \$2 million _____ \$5 million _____ Other _____

16. Loss History _____

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

Broker _____ Date _____

Applicant: _____ Date: _____

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