

SECTION 1: APPLICANT INFORMATION

1. Name of Insured: _____
2. Principal: _____
3. Operating Name of Business/Farm: _____
4. Mailing Address: _____
5. Risk Location (Legal Address): _____
6. Business Phone: _____ Residence Phone: _____ Cell Phone: _____
7. Email: _____ Fax: _____ Website: _____

SECTION 2: FUNCTION / EVENT DETAILS

1. Description of function / event:

2. Address of function / event:

3. City: _____ Province: _____ Postal Code: _____
4. Function / Event Start Date: _____ Time: _____ a.m. _____ p.m.
Function / Event End Date: _____ Time: _____ a.m. _____ p.m.
5. 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 artificial lighting over spectator and parking areas? Yes No

6. Detail activities and attendance below:

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



7. 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 Insured? Yes No

8. 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 Insured? Yes No

9. Please give your experience for hosting events (if necessary you can attach a separate page):

1	Name of Event/Function: _____ Date: _____ Number of Participants: _____ Place held: _____ Name of Manager (in charge at time of event/function): _____
2	Name of Event/Function: _____ Date: _____ Number of Participants: _____ Place held: _____ Name of Manager (in charge at time of event/function): _____



3	Name of Event/Function: _____ Date: _____ Number of Participants: _____ Place held: _____ Name of Manager (in charge at time of event/function): _____
4	Name of Event/Function: _____ Date: _____ Number of Participants: _____ Place held: _____ Name of Manager (in charge at time of event/function): _____
5	Name of Event/Function: _____ Date: _____ Number of Participants: _____ Place held: _____ Name of Manager (in charge at time of event/function): _____

10. Who is responsible for supervising and managing these operations? _____
What are the qualifications or experience of this person?

11. Have you signed any agreements assuming liability? Yes No

If **yes**, please give details and provide copies:

12. Are you providing any overnight, camping facility or other accommodations? Yes No

If **yes**, please give details and provide copies:

13. 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 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 begin to fight:

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

14. 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"/>		
<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

Do you have cooking surfaces on-site? Yes No

If **yes**, are the cooking surfaces properly protected from fire exposure? Yes No

Please explain:

15. Who is the security provider for this function / event? _____

How many security personnel will be on-site per day? _____

Do all the security staff have a two-way communication system? Yes No

Are all security personnel easily identifiable? Yes No



16. Who is providing the first aid services? _____
How many medical personnel will be on-site per day? _____
17. 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 Insured? Yes No
18. How is parking traffic handled?

19. Will you have remote parking? Yes No
If yes, what arrangements have been made for shuttle service(s)?

20. Do you have sign boards clearly indicating the entrance(s), exit(s), security, first-aid services and other areas?
 Yes No
21. Are there Help booths and announcement facilities readily accessible to the public? Yes No
22. What are the procedures for emergency evacuation?

23. Describe the participant management procedures for this event:

24. Describe actions taken and decisions made to avoid specific hazards in the event (i.e. things you do or do not do):

25. Describe actions taken and decisions made to reduce the frequency of accidents in this event:

26. Describe actions taken and decisions made to reduce the severity of accidents in this event (i.e. reducing the impacts of an incident):

27. Has any company declined or cancelled any coverage, for you or this function / event, in the past?
 Yes No
If yes, please provide details:



28. Loss History, please provide details below:

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

29. Previous Carrier: _____ Premium: _____

30. 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 Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)

Title/Position

Signature of Applicant

Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____ Brokerage Name: _____
Email: _____ Address: _____
Phone: _____ City / Province: _____
Fax: _____ Postal Code: _____