

**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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