



SPECIAL EVENTS LIABILITY INSURANCE APPLICATION

1. Name of Applicant/Named Insured: _____

2. Mailing Address: _____

3. Contact Name: _____ Phone No. (____) _____
Fax No. (____) _____
4. Full Description of the Event including Diagram: _____

5. Location of Event: (Full Address) _____

6. Effective Date: _____ -- _____ Time: _____ A.M. _____ P.M.
Expiry Date: _____ Time: _____ A.M. _____ P.M.
7. Please provide the following information about Daily Activities and Estimated Attendance including setup

Primary Activity	Estimated Attendance	Other Activities	Attendance
1st Day	_____	_____	_____
2nd Day	_____	_____	_____
3rd Day	_____	_____	_____
8. Who is providing food and/or drink: (Name) _____

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

10. If other than the Applicant, is a Certificate of Insurance provided? Yes _____ No _____
Name of Insurer _____
11. Will there be alcohol served at any of the activities? Yes _____ No _____
If yes, then please advise who obtains the permit and projected receipts
12. If another party is responsible for alcohol, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. _____
13. What is your experience producing this type of event. _____

14. Will any grandstands or bleachers be used? Yes _____ No _____
If yes, confirm: the construction _____
Capacity _____ General Condition _____
- 15.. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation.

16. General Comments _____

17. Has any company declined or cancelled any coverage? Yes _____ No _____
If yes, please provide details. _____

18. Previous Insurer _____ Premium _____
19. Limits Requested: 1 Million 2 Million 5 Million
20. 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 authorized by Outdoor Adventure & Sport Insurance Solutions Inc. Quotations will be based upon the information provided which the applicant warrants is correct.

Applicants Signature: _____ Position: _____
Please Print Name _____ Date: _____

Please fax this application with supporting documents to Ken Anderson @ 1 866 488 6122 at least 10 days prior to the event