



**Anderson
McTague
& ASSOCIATES**

Extra Strength Underwriting.

154 Prince William St.
PO Box 1500
Saint John NB, E2L 4K3
Canada

Special Events Liability Application

Please answer all questions

If they do not apply, indicate "N/A" - if space is insufficient please use separate sheets

1 **Name of Applicant:** _____

2 **Mailing Address:** _____
 _____ **Website Address:** _____

Status of Applicant:	Individual	Partnership	Corporate	Group	Other
Interest of applicant in premises, if any:	Owner	Tenant	General lessee	Other	

3 Provide complete description of events: _____

4 Effective Date: _____
 Time: _____ AM PM

5. Exact location and size of area where activities will be conducted: _____

6. Estimate amount of: Participants _____ Spectators _____ Employees _____
 Volunteers _____ Admission _____ Payroll _____ Receipts _____

7. Are employees covered under WSIB? Yes No

If no, please list numbers by job description and estimated payroll:

Total payroll: \$ _____ No. of Employees: _____

8. a) Has this event been held in the past? Yes No

If yes, how many years? _____

b) Has any company declined or cancelled any coverage: Yes No

If so, please give reasons: _____

9. Previous carrier: _____

Please provide copy of previous policy, if available.

Claims made: Yes No

10. a) If products coverage is desired for food served for concession stands, please indicate the kind of food served, by whom and type of concession(s) as well as approximate number of concessions: _____

b) Any other trade booths? _____

c) Any vendors required to provide certificate of insurance: Yes No

11. Will alcohol be served at the event? Yes No

Will it be served by the applicant? Yes No

If "yes", are servers trained in a recognized program? Yes No

If "not" will the Insured require evidence of insurance from the server? Yes No

12. Are there ant First Aid facilities on the premises? Yes No

Describe: _____

13. Will applicant secure certificate of insurance from owners or operators who stage the event(s) or otherwise operates under contract with the Applicant? Yes No

What limits of liability are required by Applicant? _____

Is Applicant required to furnish certificates? Yes No

To Whom? _____

14. Are independent contractors used for any operations? Yes No
 If so, please specify receipts and activity: _____

- Is proof of insurance obtained from contractor? Yes No
 If “no”, please explain: _____
 If “yes”, please provide what limits they are required to provide: \$ _____
15. Does applicant have any agreements assuming liability? Yes No
 If so, please describe and provide copies _____

16. Who is responsible for providing security?
 Describe supervision: _____

- If outside security firm, is Certificate of Insurance required? Yes No
17. Does Applicant provide parking area: Yes No
 Attendants: Yes No
18. If event is held within buildings, as premises designed for such use? _____

- What is construction of building? _____
 General condition: _____
- Is panic hardware used on all exists? Yes No
 Is building designed for such usages, describe building in detail under remarks.
19. Will any bleachers be used? Yes No
 If so, designate number of bleacher units and capacity of each: _____

- Are they wood, all steel, of a combination of wood and steel? _____
 If not, please describe the type of seating provided: _____
20. Is applicant providing and overnight camping facilities or other accommodation? Yes No
 If yes, please describe: _____

21. Does the event involve a parade? Yes No

Number of units in a parade: _____
(a Marching Band, a Float, a Car carrying Personalities etc., is considered as one unit)

Describe: _____

Length of parade in blocks: _____ Length in time: _____

Estimated number of spectators at parade _____

22. If fireworks are part of the program, give complete description of display: _____

Distance to public: _____ Distance to nearest building: _____

Distance to nearest auto parking area: _____

Length of display: _____

Who will set off fireworks: _____

Under whose direction will fireworks be set off: _____

Will area be checked later for unexploded fireworks: Yes No

23. If a rodeo, horse show or similar type exhibition; are fences, barricades and pens
adequate to confine animals? Yes No

Describe as to height, construction, conditions, etc. _____

Are fencing, corals, etc. permanent installations? Yes No

In not permanent, who provides and maintains this equipment?

24. General remarks (describe any unusual exposures): _____

25. Claims History:

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies or organizations which have been taken over or merged with your company or organization.

Date of Occurrence	Describe Occurrence And Injury or Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? Yes No

If yes, give details: _____

26. Non-Owned Automobile

Number of employees using their cars on company business: Regularly _____

Occasionally _____

Estimated annual cost of hired cars: \$ _____

Estimated annual cost of cars operated under contract \$ _____

27. Accident Prevention and First Aid

First Aid Post: Doctors: _____ Full Time: _____ Part Time: _____

Nurses: _____ Full Time: _____ Part Time: _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed? Yes No

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANTS SIGNATURE: _____