



**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: \_\_\_\_\_