

# PREMIER MARINE

## EVENT LIABILITY INSURANCE-LONG FORM APPLICATION For Events Open to the Public

### 1. APPLICANT INFORMATION:

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Additional Insured: (Please attach a list of all additional insured (s) required): \_\_\_\_\_

Have you ever had insurance refused or cancelled?  Yes  No Reason? \_\_\_\_\_

Prior Insurer: \_\_\_\_\_ Five-Year Loss History: \_\_\_\_\_

### 2. EVENT DESCRIPTION (please attach any Brochures, Flyers or Promotional Materials for the Event):

Name/Type of Event: \_\_\_\_\_

Website of Event (if applicable): \_\_\_\_\_

Has Event been held before:  YES  NO If Yes, for how many years?: \_\_\_\_\_

Expiring Insurance Limit and Premium: \_\_\_\_\_

Estimated Gross revenues for entire Event \_\_\_\_\_

Describe (in detail) all activities taking place at the Event:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* (Please attach a separate sheet if required)**

Full address of Event: \_\_\_\_\_

Description of Location: \_\_\_\_\_

Does the facility carry insurance:  YES  NO

Describe seating: (Folding chairs, bleachers, permanent?) \_\_\_\_\_  Indoors or  Outdoors

Distance to Spectators: \_\_\_\_\_

Will there be a stage set up for the Event:  Permanent  Temporary  
(If Temporary, a certificate of insurance will be required by installers)

Will there be music played at the Event:  NO MUSIC  D.J.  LIVE MUSIC

If Live Band, please provide name and type of music: \_\_\_\_\_

Estimated attendance per day: \_\_\_\_\_ Total attendance for Event: \_\_\_\_\_ Age range: \_\_\_\_\_

Describe Security measures: \_\_\_\_\_

Describe measures in place in respect to evacuating/missing persons precaution for children, as well as any i.d. procedures if there are designated children's areas: \_\_\_\_\_

Will there be any vendors or exhibitors at the Event:  YES  NO

Are the vendors / exhibitors required to show proof of liability:  YES  NO

List all (if any) products sold at Event: \_\_\_\_\_

Does the Event involve a parade:  YES  NO

If yes, please specify the number of units in the parade: \_\_\_\_\_ (a marching band, a float, a car..= 1 unit)

Length of Parade: \_\_\_\_\_ km Length in time: \_\_\_\_\_

Are there any horses:  YES  NO

Police Escort:  YES  NO

Please describe security measures in place for crowd control (ex: barriers): \_\_\_\_\_

Will there be Fireworks or any other special effects?:  YES  NO  
(If yes, a certificate of insurance is required)

Will there be a petting zoo or any other animals involved in the Event:  YES  NO  
(If yes, a certificate of insurance is required)

Is there overnight camping or other accommodations?:  YES  NO

**3. LIQUOR LIABILITY:**

Is Liquor Liability required:  YES  NO

Estimated liquor sales for Event: \$ \_\_\_\_\_ Estimated attendance of liquor Event : \_\_\_\_\_

Who will serve liquor at Event?: \_\_\_\_\_ Do they have a "Serving it Right" # ? : \_\_\_\_\_

Liquor License Permit Number: \_\_\_\_\_

List types of alcohol to be served: \_\_\_\_\_ What limit is placed on drinks served at one time per person: \_\_\_\_\_

(Our maximum is no more than 2 drinks at once)

Is there a designated driver program in place ?  Yes  No Describe: \_\_\_\_\_

Describe security measures at host liquor function: \_\_\_\_\_

**4. COVERAGE REQUIRED**

LIMITS REQUIRED:  \$1 million  \$2 million  \$3 million  \$4 million  \$5 million

Effective Date – Fr: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM To: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Target Premium: \_\_\_\_\_

**PLEASE READ BEFORE SIGNING APPLICATION:** This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance will render insurance coverage null and void at inception. Please therefore check to make sure all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law of and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I can confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. Signing of this form does not bind the Applicant to purchase the insurance or the insurer to accept the risk, but is agreed that this form shall be the basis of the contract should a policy be issued. For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada.

**INSURANCE IS NOT IN EFFECT UNTIL PREMIER MARINE HAS ISSUED A BINDER NUMBER**

**PREMIUM IS FULLY EARNED AND RETAINED  
EXCLUDES ALL PARTICIPANT'S LIABILITY  
EXCLUDES ALL PRODUCTS LIABILITY (OTHER THAN FOOD & DRINK)  
INCOMPLETE APPLICATION FORMS WILL DELAY THE QUOTE**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Brokerage Firm: Intercon Insurance Services

Broker's Name: Denis Marston Signature: \_\_\_\_\_ Ph#: 604 228 1191 Fax#: 604 228 1613

Broker Email: denismarston@interconinsurance.com

*Premier Marine Insurance Managers Group (WEST) Inc. is one of Canada's largest Managing General Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

Binder Number - For Premier Use Only