

TULIP

RODEO INSURANCE PROGRAM

1. Name of Applicant/Named Insureds:

2. Mailing Address:

3. Contact Name: _____ Phone No. _____ Fax No. _____

4. Describe Event:

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

	Main Activity	Estimate Attendance	Other Activities	Total Attendance
Day 1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

8. Does the stock have coverage in place? Yes No

9. Do all participants sign waivers? Yes No

10. Do all participants have their own insurance in place? Yes No

11. Who is providing food and/or drink or other. (Name)

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

13. If other than the Applicant, is a Certificate of Insurance provided? Yes No
 Name of Insurer _____
14. Will there be alcohol served at any of the activities? Yes No
****If yes, then please fill out our Host Liquor Supplement****
15. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. _____
16. What is your experience producing this type of event.

17. Will any grandstands or bleachers be used? Yes No
 If yes, confirm the construction.

 Capacity _____ General Condition _____
18. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation.

19. General Comments

20. Has any company declined or cancelled any coverage? Yes No
 If so, please provide detail.

21. Previous Carrier _____
 Premium _____
22. Limits Requested: (check one) 1 Million 2 Million 5 Million Other: _____
23. 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 the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.

Applicants Signature: _____ Position: _____

Please Print Name _____ Date: _____



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HOST LIQUOR SUPPLEMENTAL APPLICATION TO RODEO INSURANCE PROGRAM

To be completed if Host Liquor coverage is requested for your event.

1. Name of Applicant/Named Insureds:

2. Type of Host Liquor function _____
3. Name and Address of Permit Holder (Insured)

4. Liquor License Board Permit No. and Capacity applied for (# of patrons): _____
5. From - Date: _____ Time: _____ A.M. _____ P.M.
To - Date: _____ Time: _____ A.M. _____ P.M.
6. Number of people at Host Liquor function _____
7. Location of Host Liquor function _____
8. Limit of Host Liquor Liability (Check One): 1 Million 2 Million
9. Who is designated to handle the following:
(A) Impaired patrons who arrive at your function _____
(B) Patrons who have become visibly impaired at your function _____
(C) Patrons who fight _____
(D) Patrons who become disruptive and abusive _____
(E) Patrons who are obviously impaired who leave your function (Alone) _____
10. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. _____

****PLEASE NOTE: THIS APPLICATION TO BE USED ONLY IN CONJUNCTION WITH TULIP SPECIAL EVENTS LIABILITY INSURANCE APPLICATION AND MUST ACCOMPANY SUCH WHEN LIQUOR IS BEING**