

#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

TULIP - SPORTS

SPECIAL EVENTS LIABILITY INSURANCE APPLICATION for Sporting Events

1. Name of Applicant/Named Insureds:

2. Mailing Address:

3. Contact Name: _____ Phone No. _____ Fax No. _____
4. Describe Event / Sporting Activities to be included:

5. Location of Event: (Full Address)

6. Effective Date: _____ Time: _____ A.M. _____ P.M.
Expiry Date: _____ Time: _____ A.M. _____ P.M.
7. Provide approximate breakdown of players by the following age category in your event by number. If you participate in more than one activity, please provide a similar list for all activities.

	Percentage of Females	Males
Youth:		
Participants Ages ___ to 13 years of age :	_____	_____
Participants Ages 13 to 18 years of age:	_____	_____
Senior:		
Participants Ages 19 to 35 years of age:	_____	_____
Participants Ages 35 and up:	_____	_____

TOTAL NUMBER OF PARTICIPANTS: _____

TOTAL NUMBER OF TEAMS (IF APPLICABLE): _____

TOTAL NUMBER OF SPECTATORS: _____

8. If hockey, any contact? _____
9. Do you require waivers to be signed by all participants? Please provide a copy for our file. _____
10. Are you affiliated with Summer AAA Leagues or Tournaments?: _____
11. Any U.S. or Foreign participants?
12. Will there be alcohol served at any of the activities? Yes No
****If yes, then please fill out our Host Liquor Supplement****
13. What is your experience producing this type of event.

14. Are there any activities involving trampolines and/ or inflatable jumping pillows: Yes No
 if yes please explain: _____
15. Will any grandstands or bleachers be used? Yes No
 If yes, confirm the construction. _____
 Capacity _____ General Condition _____
16. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation.

17. General Comments

18. Has any company declined or cancelled any coverage? Yes No
 If so, please provide detail. _____
19. Previous Carrier _____
 Premium _____
20. Limits Requested: (check one) 1 Million 2 Million 5 Million Other: _____
21. 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 SPECIAL EVENT LIABILITY

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. 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. _____
5. Liquor License Board Permit No. and Capacity applied for (# of patrons): _____
6. From - Date: _____ Time: _____ A.M. _____ P.M.
To - Date: _____ Time: _____ A.M. _____ P.M.
7. Number of people at Host Liquor function _____
8. Location of Host Liquor function _____
9. Limit of Host Liquor Liability (Check One): 1 Million 2 Million
10. 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) _____
11. 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**