SPECIAL RISK
INSURANCE MANAGERS

Please send completed application to submissions@srim.ca
Toll Free 800 993 6388 | Fax 604 888 1008 | WWW.SRIM.CA

SPECIAL EVENTS LIABILITY 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 Liqour 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. Target Premium (if known): _____

22. 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.

_____ _____

Applicant's Signature Position

_____ _____

Print Name Date

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. 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 is 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 SERVED AT YOUR EVENT****