

BLANKET EVENT APPLICATION

GENERAL INFORMATION

Name of Insured: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Contact Name: _____ Tel: _____
Liability limit required: _____
Desired Effective Date: _____ Expiry Date: _____

UNDERWRITING INFORMATION

Annual Revenue from Events: _____
Estimated number of events for the next 12 months: _____

Scheduled Events held for the past 12 month period, with complete details

Type of Events scheduled for the next 12 month period, with complete details

Type of venues used for events:

Identify sport activities:

For sporting activities, will waivers be signed?	Yes	No
For sporting activities, will first aid be on site?	Yes	No

LIQUOR LIABILITY

Annual Revenue from Liquor: _____

Do you obtain a liquor license permit?	Yes	No
Will all individuals serving liquor have smart serve or equivalent?	Yes	No
Do you have written procedures for serving alcohol?	Yes	No
Do you require confirmation of insurance from Third Parties for liquor?	Yes	No

PAST INSURANCE HISTORY

Claims/Previous Insurance History

During the last five (5) years, have you ever had a claim or an incident that could lead to a claim? If yes, please provide details

Previous insurer: _____

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies underwriting this application

Authorized Signature: _____ Date: _____

Print Name & Title: _____