

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

NOTE: THE POLICY WILL BE SUBJECT TO A MINIMUM \$1,000 DEDUCTIBLE

Applicant's Signature: _____ Date: _____

Brokerage Firm: _____

Broker's Name: _____ Signature: _____

Broker Email: _____ Ph#: _____ Fax#: _____

Binder Number - For Premier Use Only