

EVENT LIABILITY INSURANCE APPLICATION – For Private Functions (Weddings, Parties etc.)

(This application is for invitation only functions. For non-invitation type functions, please refer to our long form application)

APPLICANT DETAILS:REQUEST TO BIND

Name of Applicant(s): _____

Postal Address: _____ City: _____ Province: _____ Postal Code: _____

Has insurance ever been cancelled or refused? Yes No

If yes, please provide details: _____

Any liability losses, insured or otherwise in the past 5 years? Yes No

If yes, please provide details: _____

EVENT DETAILS:

Name of Event: _____

Category of Event: Booth / Kiosk Private Function, Attendance by Invitation (max 1,000 guests) Public Event

Event Details: _____

Will the event be held at a private residence? Yes No

Location of Event (PO Box not acceptable):

Address: _____ City: _____ Province: _____ Postal Code: _____

If this single event will take place at multiple locations, provide details below
(Note: if there will be more than one event, more than one policy is required).

Location 2 (if applicable):

Address: _____ City: _____ Province: _____ Postal Code: _____

Location 3 (if applicable):

Address: _____ City: _____ Province: _____ Postal Code: _____

Describe Seating (folding chairs, bleachers, permanent?): _____

 Indoors OutdoorsWill any alcohol be served/consumed at the event? Yes NoIf yes, do you require liquor liability? Yes NoWhere required by law, have you obtained the necessary liquor permit? Yes No

Max # of attendees / guests: _____

Will any of the following be present / involved in the event?

 Fireworks Special Effects Petting Zoo/Animals Inflatable/bouncy/jumping castle Overnight camping or other accommodation Temporary Structures ex. grandstands/bleachers/stageDuration of Event: Less than 24 hours 24-48 hours Over 48 hours – please describe: _____Limit of Liability: \$1 Million \$2 Million Other – please describe: _____Effective Date: ____ / ____ / ____ (MM/DD/YYYY) Effective Time: ____ : ____ AM PMExpiry Date: ____ / ____ / ____ (MM/DD/YYYY) Expiry Time: ____ : ____ AM PM

Additional Insured #1 (if applicable) Name & Address: _____

Additional Insured #2 (if applicable) Name & Address: _____

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***** INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER OR POLICY DOCUMENTS. *****

Function - located at a private Residence ONLY.

\$1,000,000 limit

- 1-100 guests \$ 90 Premium + \$35 Policy Fee
- 101-500 guests \$115 Premium + \$35 Policy Fee

\$2,000,000 limit

- 1-100 guests \$125 Premium + 35 Policy Fee
- 101-500 guests \$145 Premium + 35 Policy Fee

Functions – not held at a private Residence)

\$1,000,000 limit

- 1-100 guests \$115 Premium + \$35 Policy Fee
- 101-500 guests \$130 Premium + \$35 Policy Fee
- 501-750 guests \$150 Premium + \$35 Policy Fee

\$2,000,000 limit

- 1-100 guests \$150 Premium + \$35 Policy Fee
- 101-500 guests \$180 Premium + \$35 Policy Fee
- 501-750 guests \$215 Premium + \$35 Policy Fee

*Liquor License Number (if applicable): _____

NOTE:

Premiums are fully earned and retained once binder number issued by Premier Marine.

15% Broker Commission on Premium

Premiums include Liquor Liability, but ONLY when liquor permit is obtained. NO BYOB PERMITTED.

For limits greater than \$2 million, larger groups and longer events, please submit to Premier Marine

The policy will be subject to a minimum \$1,000 deductible

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 daims 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.

Applicant's Signature: _____ Date: _____

Brokerage Firm: _____ AGT #: _____ Email: _____

Broker's Signature: (Print): _____ Date: _____