



SPECIAL EVENTS
LIABILITY INSURANCE APPLICATION

SECTION 1: Applicant Information

- 1. Official/legal name:
2. Operating name if different:
3. Street address:
4. City:
5. Province:
6. Postal Code:
7. Phone:
8. Fax:
9. Website:
10. Email:
11. Additional insured:

SECTION 2: Underwriting Information

1. Describe the event:

1.A. Is this event indoor or outdoor: Indoor Outdoor

2. Full address of the event:

3. Please provide the following information:

Table with 4 columns: Day, Main Activity, Other Activities, Expected Attendance. Rows 1, 2, 3.

4. Who is providing food:

5. Who is in charge of security and what is their experience:

6. Describe event security:

7. If products coverage is required for food/concessions who is supplying what type of food and what type of concession:

8. Are any sub-contractors used: Yes No

8.A If "yes" please explain:

8.B. If "yes" is certificate of insurance obtained: Yes No

8.C. If "yes" please explain:

9. Describe the grandstands, bleachers, stage, etc.:

9.A. Describe the construction of this equipment: \_\_\_\_\_

10. Capacity of bleachers or grandstands: \_\_\_\_\_

10.A. General condition: \_\_\_\_\_

11. Experience in similar events: \_\_\_\_\_

12. Have you signed an agreement assuming liability: Yes No \_\_\_\_\_

13. Describe the parking: \_\_\_\_\_

**SECTION 3: Coverage Requested**

1. Liability limit: \_\_\_\_\_

2. Requested effective date/time: \_\_\_\_\_

34. Requested expiry date/time: \_\_\_\_\_

**SECTION 4: Insurance History**

1. Previous carrier: \_\_\_\_\_ 2. Premium: \_\_\_\_\_

3. Type of policy: \_\_\_\_\_ 4. Policy #: \_\_\_\_\_

5. Effective date: \_\_\_\_\_ 6. Expiry date: \_\_\_\_\_

7. Limit: \_\_\_\_\_

8. Losses: \_\_\_\_\_

9. Has any insurer ever declined, cancelled, or imposed special conditions for any coverage for you, your facility, or your employees in the past: Yes No \_\_\_\_\_

10. Have you, your facilities, or your employees ever been subject to any disciplinary proceedings for professional misconduct: Yes No \_\_\_\_\_

11. Are you aware of any circumstance which may result in a claim against you, your business, or your employees: Yes No \_\_\_\_\_

11.A. If you answered "yes" to any of the above 3 questions you must provide full details.

**SECTION 5: Declaration**

It is understood and agreed that the completion of this application and the quote provided shall not be binding either to the proposed insured or to Universal Underwriting Managers/Lloyd's (henceforth called the "insurer") until accepted by both the insurer and insured. The information contained herein shall be the basis of the contract of insurance should a policy be issued.

I declare that the statements made in the this application are complete and true to the best of my knowledge. I understand that the application form will form part of the insurance policy provided through the insurer. I acknowledge that if, at the time of a claim, it is discovered that any question in the application was not answered truthfully, accurately, completely, and to the best of my knowledge it may result in the non-payment of any claim and/or my coverage may be made null and void at the discretion of the insurer.

Your privacy is protected: For a copy of the privacy policy in place please contact your broker.

APPLICANTS NAME (PLEASE PRINT)

APPLICANTS SIGNATURE

DATE

BROKER NAME

BROKER SIGNATURE

AGENCY

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BROKER PHONE #

BROKER FAX #

BROKER EMAIL

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22.02.2008

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**Liquor Liability Supplement**

1. Who is providing liquor: \_\_\_\_\_
- 2.A. Does this person or company have a liability policy in place:       Yes   No
3. Serving-it-right certificate holder name: \_\_\_\_\_
4. Serving-it-right certificate number: \_\_\_\_\_
5. Liquor license number: \_\_\_\_\_
6. How is the area were liquor is being served secured: \_\_\_\_\_
- \_\_\_\_\_
7. How will impaired patrons be handled: \_\_\_\_\_
- \_\_\_\_\_
8. How will patrons who arrive impaired be handled: \_\_\_\_\_
- \_\_\_\_\_
9. How will abusive, rowdy, etc. patrons be handled: \_\_\_\_\_
- \_\_\_\_\_
10. How will impaired patrons leaving the event be handled: \_\_\_\_\_
- \_\_\_\_\_