

SPORTS & LEISURE SPECIAL EVENTS INSURANCE APPLICATION

THIS APPLICATION IS FOR A COMMERCIAL GENERAL LIABILITY ON AN OCCURRENCE FORM.

FOR PURPOSES OF THE *INSURANCE COMPANIES ACT (CANADA)*, THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS' INSURANCE BUSINESS IN CANADA.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "NONE" TO QUESTIONS WHERE THERE IS NO EXPOSURE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.

PLEASE PROVIDE THE FOLLOWING WITH THE APPLICATION (IF POSSIBLE):

- Copy of Waiver
 Maps/Diagrams of Location

WHAT IS COVERED:

Spectator Liability.

1. GENERAL INFORMATION

- A) Company Name: _____
(Please show complete name as you wish it to appear on the policy)
- B) Address: _____

- Web Site Address: _____
- C) Year established: _____
- D) Requested Effective Date (Activity Start Date): _____
- E) Requested Expiry Date (Activity End Date): _____

2. COMPONENTS OF EVENT

- A) Event's Dates: _____
- B) Coverage Dates: _____
- C) Event's Time: _____
If Hours vary by Date, please describe: _____
- D) Event Type: _____
- E) Name of Event: _____
- F) Description of the Event: _____
- G) Indicate the components of your event: _____
- Athletic/Sports? YES NO
- Musical/Entertainment? YES NO

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Parade? YES NO

Others (Please Describe): _____

H) Is there an admission charge? YES NO

I) Number of years event has been previously held: _____

J) Total attendance for Prior Year's event: _____

K) Venue Capacity: _____

L) Will any grandstands or bleachers be used? YES NO

If YES, confirm the age and construction: _____

M) Estimated Number of Spectators / Attendance Per Day Total: _____

N) Estimated Total Receipts: \$ _____

O) I understand that only one event can be covered per policy: YES NO

P) Event Location: _____

Q) Will the event take place in the United States? YES NO

R) Address: _____

S) Location is: Indoor/Outdoor: _____

T) Location Type: _____

3. COMMERCIAL GENERAL LIABILITY

A) Does the event include any of the following: Stunts, Pyrotechnics, Aircrafts, Animals, Harzardous Activities, Car Races, Precision Driving, Mechanical Devices? YES NO

If YES, describe in detail any use of special effects, pyrotechnics, or use of mechanical devices, etc: _____

B) Are Vendors, Attraction Owners, Performers or any other party(s) contracted for the event each required to carry their own insurance? YES NO

C) Will Alcohol be served? YES NO

If YES, please complete our host liquor liability form.

Estimated Total Receipts: _____

D) Will the insured be selling products? YES NO

If YES, please describe: _____

E) Will the insured be selling more than \$50,000 of products? YES NO

If YES, what is the Estimated amount for Total Gross Receipts from product sales? \$ _____

F) Are celebrities at the event? YES NO

If YES, which celebrities? _____

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- G) Who is providing security for this event? _____
- H) Will security involve or include the use of any armed private security guards? YES NO
- I) Qualified medical personnel in attendance? YES NO
- J) Describe safety measures and risk management plans in force, i.e. parking, traffic, security, supervision, first aid, emergency evacuation procedures, etc. _____

Any additional information or remarks that may assist us in evaluating your application, please provide:

4. PREVIOUS INSURANCE / CLAIM INFORMATION

- A) Have you (the Applicant) ever filed for bankruptcy? YES NO
If YES, please explain: _____
- B) Have you ever had insurance Cancelled or Non Renewed for any reason? YES NO
If YES, please explain: _____
- C) Any prior event with any losses of any kind declared by the insured? YES NO
- D) Indicate limits carried, corresponding premiums paid and total losses for the past five (5) years (attach company loss history – verification if required):

TYPE	LIMITS (\$)	PREMIUM (\$)	TOTAL LOSSES (\$)

Supply details for the most two (2) significant losses which occurred over the past five (5) years:

DATE	COVERAGE TYPE	DESCRIPTION	TOTAL LOSSES (4)

Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom is excluded from coverage under the proposed insurance.

5. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Creechurch and any affiliated companies and service providers.

Further information about Creechurch's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

6. WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

QUEBEC RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

SIGNED:
(Authorized Representative)

DATED:

NAME (Please Print):

TITLE/POSITION: