

Special Events Liability Insurance Application



SBC INSURANCE

1. Name of Applicant / Name of Insured:

2. Street Address:

City/Province: _____ Postal Code: _____

3. Contact Name:

Telephone: () _____ Facsimile: _____

4. Describe Event:

5. Location of Event:

6. Effective Date : From _____ Time _____
To _____ Time _____

7. Please provide the following information about the daily activities and estimated attendance:

	Main Activity	Estimated Attendance	Other Activities	Total Attendance
Day 1				
Day 2				
Day 3				
Day 4				

*Attach separate sheet for events beyond four days or to provide more detail

8. Are you serving or providing alcoholic drinks at any time? _____
When? _____

9. Name & Address of Liquor Permit Holder:

10. Type of Function: _____

11 Previous Experience producing this type of event: _____

12. Will grandstands or bleachers be used? Yes: _____ No: _____

If yes, describe construction:

Capacity: _____ Condition _____

13. Describe safety measures and risk management plans in force, i.e. parking, traffic, security, supervision, first aid, emergency evacuation procedures, etc.

14. Has any company previously declined or cancelled any insurance coverage? Yes: _____ No: _____

15. Previous Insurer: _____

Name & Policy Number: _____

16. Previous Premium: _____

17 Limits Requested: _____

18. Previous Loss History in the past five years: _____

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on the issuance of a policy or written binder specifically authorized by the Company or Agency. Quotations will be based upon the information provided and the applicant warrants that this information is true.

Authorized Signature: _____

Please Print Name: _____