**SPECIAL EVENT LIABILITY -** Application for Insurance

This product provides short-term CGL with optional host liquor liability coverage for Special Events or for small individual booths or kiosks.

**Instead of completing this application form, consider trying** [***JET***](http://www.forwardinsurance.ca)**, our self-serve platform.**

[***JET***](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](http://www.forwardinsurance.ca)**.**

**PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.

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| --- |
| **APPLICANT INFORMATION** |
|  |
| Contact Email Address:*(Required for e-signatures)* |       |
|  |
|  |  |  |  |
| Applicant(s) / Legal Name(s): |       |
|  |  |
| Location of Activities – Province: |       |
|  |  |
| **PRIOR HISTORY** |  |
|  |  |
| Has the Applicant ever had a liability insurance claim? | [ ]  Yes [ ]  No |
|  |  |
|  | Provide details of the claim: |       |
|  |  |  |
| Has insurance ever been refused or cancelled by an insurance company for the proposed event or prior events? | [ ]  Yes [ ]  No |
|  |  |  |
|  | Provide details on situation and reason for refusal/cancellation of insurance: |       |
|  |  |  |
| **EVENT INFORMATION** |  |
|  |  |  |
| Will this event be held at one sole location? | [ ]  Yes [ ]  No - How many locations will the proposed event be held? |       |
|  |  |
| Will the event be held at a private residence? | [ ]  Yes [ ]  No |
|  |  |
| Is the applicant seeking coverage strictly for a booth or kiosk at the event? | [ ]  Yes [ ]  No |
|  |  |
| Please describe the event: |       |
|  |  |
| **RISK INFORMATION** |
|  |  |
| **LOCATION OF EVENT** |  |
|  |  |
| Event Location: |       | City: |       |
|  |  |  |  |  |
| Province: |       | Postcode/ZIP Code: |       |  |
|  |  |  |  |  |  |  |
| **DURATION OF EVENT** |  |  |  |  |  |
|  |  |  |  |  |  |
| Policy period required (number of days): |       |  |  |  |
|  |  |  |  |  |  |
| **ATTENDANCE** |  |  |  |  |  |
|  |  |  |  |  |  |
| Anticipated attendance – max any one day: |       | Anticipated attendance – total for entire event: |       |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL GROSS REVENUE (EXCLUDING LIQUOR)** |  |  |  |
|  |  |  |  |
| Total Gross Revenue from event (excluding the sale of liquor): |       |  |
|  |  |  |
| **LIQUOR** |  |  |
|  |  |  |
| Will there be liquor served at the event? | [ ]  Yes [ ]  No |  |
|  |  |  |
|  | Total revenue derived from the sale of liquor: |       |  |
|  |  |  |  |
| Will the necessary liquor permit be in place in advance of the event (by venue, subcontractor or by the Applicant)? | [ ]  Yes [ ]  No |
|  |  |  |  |
| Who is responsible for the service of liquor? |  |  |
|  |  |  |
|  | [ ]  Venue (duly permitted by law) | [ ]  Subcontractor (duly permitted by law) | [ ]  Applicant | [ ]  BYOB |
|  |  |  |  |  |
| **SPECIALTY ACTIVITIES** |  |  |  |
|  |  |  |  |
| The Applicant hereby understands and agrees that high risk sporting activities (e.g. sky diving – see Common Exclusion for High Risk Sporting Activities in policy form) would not be covered under this proposed insurance. |
|  |  |  |  |
|  | [ ]  Yes, Applicant agrees | [ ]  No, Applicant does not agree |  |
|  |  |  |  |
| Will there be inflatable/bouncy castles/jumping castles at the event? | [ ]  Yes [ ]  No |
|  |  |  |  |
|  | Has the Applicant received written confirmation that the vendor providing the inflatable/ bouncy castle/ jumping castle at the event has at least $2M liability insurance coverage? | [ ]  Yes [ ]  No |
|  |  |  |
|  | Will there be an adult supervisor monitoring the bouncy castle activities at all times? | [ ]  Yes [ ]  No |
|  |  |  |
|  | Has the applicant ensured that the bouncy castle will be set up and taken down by a professional who has at least $2M liability policy in place? | [ ]  Yes [ ]  No |
|  |  |  |
| Will there be Fireworks, or special effects (light show, smoke, etc) at the event? | [ ]  Yes [ ]  No |
|  |  |
|  | Describe: |       |  |
|  |  |  |
| Will there be a petting zoo as part of the event? | [ ]  Yes [ ]  No |
|  |  |
|  | Describe: |       |  |
|  |  |  |  |
| Describe the type of music to be played at the event: |  |
|  |  |
|  | [ ]  Easy listening (jazz, classical, blues) | [ ]  Medium beats (pop, rock country) | [ ]  Heavy Metal |
|  | [ ]  Hip hop | [ ]  Rap | [ ]  Electronic/ dance |
|  | [ ]  No music played |  |  |
|  |  |
| Will there be any mosh pit dancing at the event? | [ ]  Yes [ ]  No |
|  |  |
| Will there be any overnight camping at the event? | [ ]  Yes [ ]  No |
|  |  |
|  | Describe: |       |  |
|  |  |  |  |
| Will there be any protests or political rally as part of this event? | [ ]  Yes [ ]  No |
|  |  |
|  | Describe: |       |  |
|  |  |  |  |
|  |  |  |  |
| **OTHER INFORMATION** |  |  |
|  |  |  |
| Has the Applicant ever organized the same or similar event in the past? | [ ]  Yes [ ]  No |
|  |  |
|  | How many times has this event been held in the past? |       |  |  |
|  |  |  |  |  |
|  | Previous Insurer: |       |  |  |
|  |  |  |  |  |  |  |
| Has the Applicant arranged for security guard service for the event? |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |  |  |
| **COVERAGES** |  |  |  |  |  |
|  |  |  |  |  |  |
| Requested CGL Liability Limit: | [ ]  $1,000,000 | [ ]  $2,000,000 | [ ]  $5,000,000 |  |
|  |  |  |  |  |
| Tenants Legal Liability: | [ ]  $0 – Not Required | [ ]  $250,000 | [ ]  $500,000 | [ ]  $1,000,000  |
|  |  |  |  |  |
| Does the Applicant require SPF No. 6 – Non-Owned Automobile Coverage? |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |
|  | SPF No. 6 – Non Owned Auto – limit: | [ ]  $0 – Not Required | [ ]  $1,000,000 |  |
|  |  |  |  |  |
| Does the Applicant require host liquor license liability coverage? | [ ]  Yes [ ]  No |  |
|  |  |  |  |  |
| **ISSUANCE INFORMATION** |
|  |  |  |  |  |
| **POLICY PERIOD** |  |  |  |
|  |  |  |  |
| Proposed Effective Date (MM/DD/YYYY): |       | Proposed Expiry Date (MM/DD/YYYY): |       |
|  |  |  |  |
| **APPLICANT INFORMATION** |  |  |  |

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| --- | --- | --- | --- |
| Applicant mailing address: |       | City: |       |
|  |  |  |  |  |
| Province: |       | Postcode/ZIP Code: |       |  |
|  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **ADDITIONAL INSUREDS** |  |  |  |
|  |  |  |  |
| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): |  |
|  |  |  |  |
| Name |       | Address: |       |  |  |
|  |  |  |  |  |
| City: |       | Province: |       | Postcode/ZIP Code: |       |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| What is the relation between the Applicant and the additional insured entity? |  |
|  |  |
|  | [ ]  Landlord  | [ ]  Government Body  | [ ]  Lessor/ Finance Company  |
|  | [ ]  Subsidiary (100% wholly owned by Applicant)  | [ ]  Sponsor of Event | [ ]  Customer of Insured  |
|  | [ ]  Subsidiary (not wholly owned by Applicant)  | [ ]  Lead Contractor  | [ ]  Joint Venture  |
|  |  |  |  |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the Insured fails to inform the Insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation. The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.**NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. |
| **Signature of Applicant(s):** |       | **Date:** |       |
|  |  |  |  |
| **Brokerage:** |       | **Broker ID#:** |       |
|  |  |  |  |
| **Broker Email:** |       | **Phone:** |       |

**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.**