



## HOCKEY SPECIAL EVENTS LIABILITY INSURANCE APPLICATION

### PART 1: GENERAL INFORMATION

Name of Applicant / Name of Insured:			
Street Address:			
City/Province:		Postal Code:	
Contact Name:		Email:	
Telephone:	( )	Event Website, Facebook page, etc., if Applicable:	

### PART 2: UNDERWRITING INFORMATION

Describe Event:			
Previous Experience Holding this Type of Event:			
Location of Event:			
Effective Date :	From	Time	
	To	Time	

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

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

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

**Are you serving or providing alcoholic drinks at any time?**

When?	
Name & Address of Liquor Permit Holder or Third Party Licensed Establishment::	

**Gross Receipts for Liquor:**

If not Third Party Establishment

Type of Function:	
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All Liquor Service Staff Certified by one of the Provincially-Approved Programs? Yes:  No:

Describe any anti-impairment measures or signage in place at the event e.g. designated driver, max number of drinks served at one time, taxi chits etc.

If none, advise how you would respond to an impaired attendee at the event

Any fireworks, inflatables, camping, amusement devices or shuttle service at the event? Yes:  No:

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

**PART 3: COVERAGE REQUIREMENTS**

Limit Requested:	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000
Has any company previously declined or cancelled any insurance coverage?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>			
Previous Insurer:					
Name & Policy Number:					
Previous Premium:					
Previous Loss History in the past five years:					

**THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:**

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) The signing and filing of this Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response hereto.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expense as defined in the Policy.
- (e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Authorized Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Date: [Click here to enter date.](#)