



Contract #		Name of Event:	
Legal Name on Contract & Organizing Event			
Address Information And Contact information	Street #:		Street Name:
	Suite #:		City/Town:
	Province:		Contact Name:
	Telephone #:		Email:

PLEASE NOTE ALL QUESTION MUST BE ANSWERED TO OBTAIN A QUOTATION

EVENT INFORMATION

LOCATION: _____ SPECIFIC AREA RENTED: _____
MUNICIPALITY: _____ MUNICIPAL ADDRESS: _____

EVENT DATE			SET-UP TIME		EVENT TIME		TAKEDOWN TIME	
Month	Day	Year	FROM	TO	FROM	TO	FROM	TO

Is Blanket Vendor Coverage Required? Yes ☐ or No ☐ If YES, please provide the following information on Vendors below

If NO, confirm all Vendors are providing certificates of insurance showing the Organizer and the Municipality as Additional Insureds and these certificate are on file with the Municipality No Exceptions: Yes Confirmed ☐

NUMBER OF THE FOLLOWING TYPE OF VENDORS

Serving Food _____	Serving Alcohol _____	Performers _____	Selling Products _____
Petting Zoos _____	Pony Rides _____	Other Animal Rides _____	Hay / Sleigh Rides _____
Carnival Games _____	Amusement Rides _____	Dunk Tanks _____	Inflatables _____
Security Services _____	Providing Other Services Describe in full _____		

OTHER INFORMATION (check N/A if your event does not include these services):

- What type of Equipment is rented for the Event? _____ N/A ☐
Is the Equipment provider insuring the property & liability? Property Yes ☐ or No ☐ Liability Yes ☐ or No ☐
- Event Seating - Are there Temporary Stands? _____ If yes, number of temporary seats _____ N/A ☐
If yes, who is responsible for set-up and tear-down? _____
- Who is serving the Alcohol? Independent booths _____ Hired Catered _____ Event Organizer _____ N/A ☐
Do all Alcohol Servers have smart Serve Training? Yes ☐ or No ☐
Alcohol Permit Number: _____ License Capacity on Permit: _____
- Who monitors the inflatables? _____ N/A ☐
- Who monitors the activities with animals? _____ N/A ☐



6. Are there any fireworks or pyrotechnics? Yes ☐ Or No ☐ N/A ☐
If pyrotechnics are provided by independent contractor? Contractors Name: _____
Has the independent contractor provided proof of insurance? Yes ☐ or No ☐
7. Are there any sport activities? Yes ☐ or No ☐ Professional ☐ OR Non-Professional ☐ N/A ☐
Describe Sport Event (s) _____ Number of Participants _____
Should the event insurance cover the sport activity(ies)? Yes ☐ or No ☐

ATTENDANCE INFORMATION:

8. Expected Daily Attendance: Minimum _____ Maximum _____ Maximum Over the Entire Event _____
10. What was Last years attendance? Daily Maximum _____ Over the entire event _____

INSURANCE INFORMATION:

11. Limit of Insurance Required (please check one) ☐ \$2,000,000 ☐ \$5,000,000
Limit for Tenants Legal Liability (please check one) ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$5,000,000
12. Do you rent short term vehicles (30 days or less)? Yes ☐ or No ☐ If yes, how many vehicles are rented for the event? _____
If Yes, do you require Physical Damage coverage? Yes ☐ or No ☐ Coverage needed: \$25,000 ☐ Or \$50,000 ☐ Or \$100,000 ☐
13. Has the event been insured in the past? Yes ☐ or No ☐ Name of Insurer: _____
14. Has this event ever been refused insurance or had insurance cancelled? Yes ☐ or No ☐
15. Has this event had a claim or an event that could lead to a claim in the last 5 years? Yes ☐ or No ☐
16. If yes, amount Paid: \$ _____ Describe claim: _____

ADDITIONAL INSURED INFORMATION:

Provide a list of those requiring to be an Additional Insured to be added to your certificate of insurance (if more than 3 provide a separate sheet)		
	Name	Address
1.	Municipality Named on page #1	
2.		
3.		

Please note that the Insurance Underwriter relies on the above information, not only to determine the premium charged, but also if they would accept providing insurance coverage for this risk. Any information that is not included or not represented accurately will be considered a misrepresentation which would null and void coverage.

I understand the above Yes ☐ or No ☐ The above information is truthful and completed to the best of my ability with the knowledge at the date of applying for this insurance coverage. Yes ☐ or No ☐

Completed by: _____ Position: _____

If this is an organization that is Incorporated under the laws of the Province or Federally in Canada, I the above person signing has authority to bind the Organization. Yes ☐ No ☐ or Not applicable (not incorporated) ☐

Signature: _____ Date (dd/mm/yyyy): _____,

*Completing and signing this form does not bind insurance coverage
Premiums must be paid in full before coverage can be bound*

**NOTE: FOR EVENTS OVER 3,000 DAILY ATTACH UNDERWRITING INFORMATION ATTACHED
OR MULTI-EVENTS COMPLETE SPREAD SHEET FORMING PART OF APPLICATION PG 3**



FOR EVENTS WITH OVER 3,000 ATTENDING DAILY ATTACH THE FOLLOWING

For General Liability

1. Risk Management Plan – this should cover emergency evacuation procedures, protocols on when the event should be evacuated, and emergency medical planning.
2. Security Protocols – including entering event, during event, and after event.
3. Map of Event – should include all areas of the event, including Vendors areas, Stages, VIP Tents, Parking, etc.
4. Contract with the Venue
5. Contract with Security Firm if applicable

For Cancellation Coverage

1. Full Budget – including standing charges (costs that will not be removed should event not proceed), variable charges (those associated with the event proceeding), and Profit/Loss.
2. Protocols for Ticket Refunding
3. Risk Management & Protocols for weather cancellation
4. If you require coverage for non-appearance of any “Key Performers” then attach those contracts for review.