



PARADE APPLICATION FORM

SUBMIT APPLICATION TO SUPPORT@INSTANTRISKCOVERAGE.COM

INDIVIDUAL ORG/COMP	ORGANIZATION/COMPANY NAME (legal entity name)	CONTACT NAME (LAST, FIRST)
ADDRESS		PHONE #
CITY	POSTAL CODE	CELL PHONE #
EMAIL ADDRESS		WEBSITE

Please assure that the name on the rental agreement matches the above information

EVENT INFORMATION

EVENT NAME: _____

LOCATION (FULL ADDRESS): _____

RENTAL AGREEMENT / REFERENCE NUMBER: _____

MUNICIPALITY NAME & ADDRESS: _____

SPECIFIC AREA RENTED: _____

NAME OF THE INDIVIDUAL AT THE MUNICIPALITY COORDINATING YOUR EVENT: _____

TELEPHONE EXTENSION NUMBER: _____ EMAIL ADDRESS: _____

DATES GENERAL PUBLIC WILL ATTEND: (Day/Month/Year) _____ TO _____

DATE			EVENT TIME		SET-UP TIME			TAKE DOWN TIME		
Month	Day	Year	START	FINISH	DD/MM	FROM	TO	DD/MM	From	To

Is Blanket Vendor Coverage Required? Yes ☐ Or No ☐ If yes, please provide the following information:

NUMBER OF THE FOLLOWING TYPE OF VENDORS/PARTICIPANTS

FOR THE PARADE ONLY

Floats (non-profit) _____	Floats (for-profit) _____	Groups Walking _____	Cars with riders _____
Groups Walking _____	Individual Walkers _____	Horse Riders _____	Horse Carriages _____
Bicycle Groups _____	Walking Bands _____	Others _____ Describe _____	

OTHER ACTIVITIES (THOSE IN ADDITION TO THE PARADE)

Serving Food _____	Serving Alcohol _____	Performers _____	Selling Products _____
Petting Zoos _____	Pony Rides _____	Other Animal Rides _____	Inflatables _____
Carnival Games _____	Amusement Rides _____	Other Vendors _____ Describe _____	



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

1. Who provides security? _____ N/A ☐
2. Who sets-up road barriers and is responsible to assure they are installed correctly?: _____ N/A ☐
3. Number of Volunteers _____ Describe any training _____ N/A ☐
4. Describe first aide procedures _____ N/A ☐
5. Have you had a claim or an incident that could give rise to a claim in the last 5 years? Yes ☐ or No ☐ If Yes, provide details including date and description: _____

ATTENDANCE INFORMATION:

1. Was event run in the past? Yes ☐ or No ☐ If yes, How many people attended Daily _____ for the entire event _____
2. How many people are anticipated to attend this year? Daily _____ Over the entire event? _____
3. Please confirm that there will be no items thrown into the crowd. ☐ Yes ☐ No If yes: _____
4. Please confirm that all groups and individual entrants, including but not limited to vehicles, animal groups and floats, participating in the parade carry their own insurance and have provided proof of insurance to the Insured showing the insured listed as Additional Insured ☐ Yes ☐ No _____

Any Additional Information including any promotional items: _____

OTHER INFORMATION:

Prior Insurance Provider _____ Policy Number _____

If any other entity is required to be added as an Additional Insured, other than the municipality: (include full legal name and address):

1. _____
2. _____
3. _____

Insurance Limit Required: \$ _____

Completed by: _____ Position: _____

Signature: _____ Date: (Day/Month/Year): _____

Typing your signature certifies the information to be accurate

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

THIS FORM SHOULD BE SUBMITTED TO THE BROKER TO OBTAIN TERMS

instantriskcoverage.com