



COMMERCIAL PACKAGE POLICY
SPECIAL EVENTS QUESTIONNAIRE

General Information

- 1. (a) Name of Applicant:
(b) Address:
(c) Web-Site Address:
2. (a) Event Description:
(b) Event Location (Name & Address of Facility):
(c) Location is: Arena, Bar/Restaurant, Convention Centre, Fairgrounds, Office/Business, Park, School, Stadium, Other:
(d) Event will be held Indoors, Outdoors, Both
(e) Event date(s):
(f) Event hours: From AM/PM to AM/PM
(g) Estimate amount of: Attendees, Volunteers
3. Gross Receipts: Administration Fees, Liquor/Beer Sales, Food Sales, Merchandise Sales, Other, Other, Total

Entertainment Information

- 4. Will any of the following be present/involved in the event?
(a) Camping Yes No
(b) Childcare operations Yes No
(c) Fireworks/pyrotechnics/special effects Yes No
(d) Inflatable amusement devices Yes No
(e) Live music Yes No
(f) Mechanical rides/devices Yes No
(g) Motorsports Yes No
(h) Paintball Yes No

- (i) Parade Yes No
- (j) Petting zoo/live animals Yes No
- (k) Rock climbing walls Yes No
- (l) Temporary structures (e.g. bleachers, grandstands, stage, tents) Yes No
- (m) Trampoline Yes No
- (n) Water hazards Yes No
- (o) Zip line Yes No

If Yes, provide details: _____

5. Will the event have third-party vendors, exhibitors and/or concessionaires? Yes No

If Yes, provide details (how many, description of operations, etc.): _____

6. (a) Will alcohol be served at the event? Yes No

(b) If Yes; who will provide? Insured Venue Caterer/Bartending service

- (c) Will alcohol be served solely by professional bartenders? Yes No

(d) Describe measures in place to prevent alcohol service to underage and/or intoxicated person: _____

7. General comments/unusual exposures: _____

Risk Information

8. (a) Has this event been held by the Applicant in the past? Yes No

(b) If Yes, how many years? _____

9. (a) Type and number of security (check all that apply):

Applicant's employees Outside security firm On duty police
 Off duty police - armed Off duty police - unarmed Venue
 Other (type and number): _____

- (b) Will there be any of the following on site:

(i) Medical/first aid service Yes No
 (ii) Fire fighting protection Yes No
 (iii) Ambulance service Yes No

If Yes to any of the above, provide details: _____

- (c) Is there a formal Emergency Evacuation in place? Yes No

10. (a) Are all third-party subcontractors, performers and/or vendors required to carry liability insurance? Yes No
- (b) If Yes; what is the minimum limit of insurance that is required? \$ _____
- (c) Does the Applicant obtain certificates of insurance showing the Applicant add as additional insured with the provision for 30 day notice of cancellation to the Insured? Yes No
- (d) Does the Applicant sign any contracts assuming the liability of others or waiving rights of subrogation? Yes No
- If Yes, provide details: _____

Insurance History and Loss Information

11. (a) Previous insurer: _____
- (b) Premium paid: \$ _____
- (c) Has insurance for this event ever been declined or cancelled? Yes No
- If Yes, provide details: _____

- (d) Has the Applicant had any claims or losses with respect to any events in the past 5 years? Yes No
- If Yes, provide the following details on a separate sheet:
- (i) Date of Occurrence
 - (ii) Describe Occurrence and Injury or Damage
 - (iii) Reserves incurred by or on behalf of the Applicant in respect thereof
 - (iv) Total amount paid for the Claim
 - (v) Current Status of Claim
- (e) Is the Applicant aware of any incidents or situations which could give rise to a claim which would fall within the scope of the proposed insurance? Yes No
- If Yes, provide details: _____

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized representative of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Questionnaire, and all materials submitted to or requested by the Insurer in conjunction with this Questionnaire, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- (iii) agrees that if the information supplied in connection with this Questionnaire changes between the date of this Questionnaire and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and

(iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Questionnaire, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Questionnaire for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Questionnaire does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Questionnaire are hereby incorporated by reference into this Questionnaire and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Questionnaire and all materials submitted to or requested by the Insurer in conjunction with this Questionnaire are the basis of any policy effected pursuant to this Questionnaire.

Applicant	Date
Signature	Title