



COMMERCIAL PACKAGE POLICY

SPECIAL EVENTS SUPPLEMENTAL APPLICATION

General Information

1. (a) Name of Applicant: _____
 (b) Address: _____

 (c) Web-Site Address: _____

2. Complete the following table for all events hosted by the Applicant in the next 12 months. Event examples include AGM's, hosting a conference/tradeshow with booths/exhibitors, fundraising banquets or galas, golf tournaments, sports events, concerts, dances, casino night, pub crawl, day or overnight camps.

Event Name / Type	Event Description	Event Date(s)	# of Attendees	Alcohol Served?	Gross Receipts (all sources)
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

3 Are any events held outside of Canada? Yes No

If Yes, provide details: _____

4. (a) Has insurance for any event been declined or cancelled in the past 5 years? Yes No

If Yes, provide details: _____

(b) Has the Applicant had any claims or losses with respect to any event 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

(c) 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 Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, 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 Application changes between the date of this Application 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 Application, 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 Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application 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 Application are hereby incorporated by reference into this Application 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 Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of any policy effected pursuant to this Application.

Applicant	Date
Signature	Title