



# Special Events Liability Application

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1. Name: (Must be completed for certificate) & \_\_\_\_\_  
(Must be Individual or Legal Entity)
  2. Address: (Must be completed for certificate) \_\_\_\_\_  
\_\_\_\_\_
  3. Effective Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Expiry Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.
  4. Liability Limit Requested: \_\_\_\_\_
  5. Complete Description of Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  6. Location of Event: \_\_\_\_\_
  7. Estimated Spectator Attendance: \_\_\_\_\_ Number of Participants: \_\_\_\_\_
  8. Full Description of Safety Precautions: (eg. First aid, security, management, traffic): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  9. Is food and/or drink and/or other products or services provided? If yes, by whom?: \_\_\_\_\_  
\_\_\_\_\_
  10. Is there a website advertising the function?: \_\_\_\_\_
  11. Will alcohol be served at the event? Yes  No
  12. Liquor Licence No. and capacity applied for (# of patrons): \_\_\_\_\_
  13. Name and Address of Liquor Licence Holder : \_\_\_\_\_  
\_\_\_\_\_
  14. Who is serving the alcohol: \_\_\_\_\_ Volunteer  Paid
  15. Estimated Gross Receipts (Excluding Liquor): \_\_\_\_\_ Estimated Liquor Receipts: \_\_\_\_\_
  16. Who is assigned to deal with the following: (Answer even if there is No Alcohol)  
(A) Impaired patrons who arrive at your function: \_\_\_\_\_  
(B) Patrons who have become visibly impaired at your function: \_\_\_\_\_  
(C) Patrons who fight: \_\_\_\_\_

(D) Patrons who become disruptive and abusive: \_\_\_\_\_

(E) Patrons who are obviously impaired who leave your function (Alone): \_\_\_\_\_

17. If a third party is responsible for liquor, is there a legal liability policy in force? Yes  No

18. Is the Applicant named as additional insured?: \_\_\_\_\_

19. What is your experience producing this type of event? (if none, explain related experience): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Will grandstands or bleachers be used? Yes  No   
Construction Type: \_\_\_\_\_ Approx age of grandstands or bleachers \_\_\_\_\_

21. Has any company declined or cancelled any coverage? Yes  No   
If so, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Previous Insurance Carrier: \_\_\_\_\_

23. Premium:\$ \_\_\_\_\_ Limits: \_\_\_\_\_ Attendance # for last event: \_\_\_\_\_

24. Loss/Claims History: ( Please answer Mandatory) \_\_\_\_\_  
\_\_\_\_\_

25. List All "Additional Insured's": \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**I understand that the information set forth is correct and shall be the basis upon which insurance may be granted. I also agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal thereof. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk.**

Broker: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

**UNDERWRITING MANAGERS:**  
Beacon Underwriting Ltd.  
Box 370, 150 Hudson St., Salmon Arm, B.C. V1E 4N5  
Phone: 1-888-645-8811 Fax: (250) 832-3222

**Note – coverage cannot be bound until quoted by Beacon**



## Supplement for Sporting Events

Number of Clubs: \_\_\_\_\_ Number of Athletes: \_\_\_\_\_ Number of Coaches: \_\_\_\_\_

Number of Officials: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_

Anticipated Age Range:      0 - 18       19 - 35       35 - 50       50+

Is the event sanctioned?    Yes       No

If yes, which association? \_\_\_\_\_

Is the event taking place;      Inside       Outside       Both

Distance between spectators and participants? \_\_\_\_\_  
(Please attach site plan/diagram where appropriate)

Type of barriers between crowd and participants? \_\_\_\_\_

Is any of the equipment used non-approved or non-standard? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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