



NAMED INSURED: _____

Address: _____ City: _____ Prov.: _____ Postal Code: _____

Additional Insureds: _____

Name of Event: _____ Type of Event: _____

Location of Event (Full address): _____

Date of Event: _____ Duration of Event: _____ Duration of Tenancy: from: _____ to: _____

Estimated Attendance: per day: _____ total for event: _____ Facility Capacity: _____

Gross Revenue for Event: _____ Charitable Event: YES NO

Indoor Outdoor Seating Type (folding, bleachers, permanent): _____ Security provided by: _____

List all products sold at the event: _____

Have you ever had insurance cancelled or refused before? YES NO REASON: _____

Prior Insurer: _____ Loss History (last five years): _____

LIQUOR LIABILITY

Will liquor be served? YES NO Est. Liquor Sales: _____

Who will serve liquor: _____

Liquor License/Permit#: _____ List types of alcohol to be served: _____

What is the limit placed on the quantity of alcohol served at one time: _____ (We require a maximum of two per person)

List type of designated driver program promoted: _____

COVERAGE Period of Insurance Required from: _____ to: _____

Limit required \$1 million \$2 million \$3 million \$4 million \$5 million

Is Liquor Liability Required? YES NO Deductible \$1,000 \$2,500 Other _____

PLEASE ATTACH ANY BROCHURE OR FLYER USED TO PROMOTE THIS EVENT

PLEASE READ BEFORE SIGNING APPLICATION: This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance, will render insurance coverage null and void from inception. Please therefore check to make sure all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.
NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER.

Signature of Applicant: **X** _____ Date: _____

Signature of Broker: **X** _____ Brokerage Firm: _____ Broker Fax #: _____