



SPECIAL EVENT LIABILITY APPLICATION (Non-Racing)

GENERAL INFORMATION

1. Name of Insured: _____
2. Mailing Address: _____
3. Contact Name: _____ Title: _____
4. Applicant is: Individual Corporation Partnership Other: _____
5. Name of Event: _____ Web Site: _____
6. Location of Event: _____
7. Event Venue is: Owned Rented Leased **If Leased/Rented, include copy of agreement**
8. Description of Event: _____

9. Has this event been held by Applicant in the past? Yes No Number of Years: _____
10. Previous experience of Applicant in producing this type of event: _____

11. Effective Date: _____ Expiry Date: _____

(If more than one location and/or date, please attach a schedule of all locations and dates)

Current/Most Recent Coverage Information

Insurance Company: _____ Dates of Coverage: _____

Liability Limits: Occurrence: _____ Aggregate: _____

Deductible: _____ Premium: _____

Property Limit: _____ Premium: _____

Other (Please specify type): _____ Limit: _____

Is Hired/ Non-Owned Auto Coverage included? Yes No Average Non-Owned Auto Value: _____

Any losses in the past five years? Yes No **If Yes, Please attach a complete Loss History**

Has any form of Insurance ever been cancelled/declined? Yes No If "Yes", please provide details: _____

Premium and Loss Record for the Past Five Years (attach separate sheet if needed)

Year	Description of Loss	Name of Carrier	Premium	Total Losses Paid and/or Reserved
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Desired Coverages:

1. Desired Limit of Liability: _____ Deductible: _____

2. Property: _____

3. Equipment: _____

4. Hired and Non-Owned Auto: Limit: _____ Deductible: _____ No of Vehicles: _____

Types of Vehicles: _____ Average Auto Value: _____ Estimated No. of Days Rental: _____

5. Will the Insured require Participants Coverage? Yes No If Yes, please answer a) b) and c):

a) Will Participants be covered by medical insurance? Yes No Limits: _____

b) Does the Insured require signed waiver/release forms for any activity during the event? Yes No

If Yes, what activity: _____

If Yes, Please attach a copy of the Waiver/Release Forms used

c) Does the Insured require Legal Guardians to sign the waiver/release forms of minor participants? Yes No

6. Please list any other coverages required: _____

General Operating Information:

1. Is the Event Indoors or Outdoors? Indoors Outdoors If Outdoors, describe how the area is fenced or otherwise enclosed: _____

2. Venue Capacity: _____ Estimated Attendance: Per Day: _____ Total: _____

3. Name(s) of Performers/Bands/Entertainers/Exhibitors: _____

4. Number of Tickets Printed: _____ Number Sold To Date: _____

5. Price of Admission: _____ Estimated Gross Receipts: _____

6. Estimated Payroll: _____ Number of Employees: _____

7. Are Ushers used? Yes No If Yes, who is providing, Applicant or Other (name)? _____

8. Describe Security (per shift/total): _____

Who is responsible for providing Security (name)? _____

If Applicant, is Security provided by employees or an outside security firm? _____

If Other than Applicant, is Certificate of Insurance provided? Yes No

Limit: _____ Insurer: _____

Is Applicant named as Additional Insured thereon? Yes No

Is Video Surveillance used: Indoors Outdoors Describe: _____

Is Security (provided by Applicant or other) armed or unarmed? _____

9. Describe admission: (e.g. by invitation, ticket, free, pre-registry): _____

10. How is event enclosed to restrict the public if it is not free admission? _____

11. If the Event is being held on street or other public place of vehicular access, what protection is being set up between the street and sidewalks?

12. Describe safety measures and risk management plans in force (i.e. parking, crowd control, evacuation procedures):

13. Is First Aid provided? Yes No If Yes, number of medical personnel on site:

EMTs: _____ Nurses: _____ Doctors: _____ Other: _____

Describe any other medical facilities on site (e.g. nurse station): _____

14. Distance to Nearest Hospital: _____

15. Details of all Scheduled Events: (attach a separate sheet if needed)

<u>Date</u>	<u>Main Activity</u>	<u>Estimated Attendance</u>	<u>Other Activities</u>	<u>Total Attendance</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Is any Touring Involved? Yes No If Yes, attach a copy of the Tour Schedule, or outline below:

17. Will there be any exhibitions, demonstrations, trade-shows or contests? Yes No If Yes Describe:

18. Will there be serviced performed on event attendees (e.g. tattoo, massage) or will attendees be involved in any demonstrations, performances etc? Yes No If Yes Describe:

19. Is any Shuttle Service or Valet Service provided? Yes No If Yes Describe, and list all drivers/attendants:

20. Earliest beginning time and latest end time of event each day: _____ A.M. and _____ P.M.

21. Does the Event involve a Parade? Yes No

If Yes, who is responsible for set up of same, Applicant or Other (name)? _____

If Other than Applicant, is Certificate of Insurance provided? Yes No

Limit: _____ Insurer: _____

IF CONTINGENT COVERAGE IS REQUIRED, SUPPLEMENTARY PARADE APPLICATION MUST BE COMPLETED AND ATTACHED TO THIS APPLICATION

22. Does the Event involve Fireworks? Yes No

If Yes, who is responsible for set up of same, Applicant or Other (name)? _____

If Other than Applicant, is Certificate of Insurance provided? Yes No

Limit: _____ Insurer: _____

IF CONTINGENT COVERAGE IS REQUIRED, SUPPLEMENTARY FIREWORK APPLICATION MUST BE COMPLETED AND ATTACHED TO THIS APPLICATION

23. Is Applicant providing any Overnight Camping Facilities or other accommodations? Yes No

If Yes, Describe: _____

24. Does the Event involve any Animal Exposures? Yes No

If Yes, provide full details of exposure and Applicant's responsibilities: _____

If Other than Applicant, is Certificate of Insurance provided? Yes No

Limit: _____ Insurer: _____

Vendors

1. Number of Vendors/Trade Booths: _____ Kinds of Goods Sold or Displayed: _____

2. Are all Goods Finished Products, or are there any on-site demonstrations of skills (e.g. any blacksmithing, candlemaking, cooking, etc.) being done at the Event? Describe: _____

3. Are Vendors/Trade Booths required to provide a Certificate of Insurance? Yes No

Limit: _____ Insurer: _____

Is Applicant named as Additional Insured thereon? Yes No

4. Will there be any food or refreshment sold on premises? Yes No If Yes Describe: _____

5. Who is providing food and/or drink, Applicant or other (name)? _____

If other than Applicant, is Certificate of Insurance Provided? Yes No

Limit: _____ Insurer: _____

Is Applicant named as Additional Insured thereon? Yes No

6. Are there Cooking Facilities on the premises? Yes No If Yes Describe: _____

What types of Fire Protection is present? _____

7. Is there a Liquor Exposure? Yes No **If Yes, please attach Supplementary Liquor Liability Application**

If Yes, is there a Liquor Legal Liability Policy in force to cover same? Yes No

Limit: _____ Insurer: _____

Is Certificate of Insurance provided? Yes No

Venue Facilities

1. Describe all types of seating provided (bleacher, stadium, grandstand, theatre, folding chairs, etc.): _____

2. (a) Are seats of Temporary or Permanent construction? _____

(b) Seating Capacity and Construction: _____

(c) Is Seating Reserved or General Admission? _____

3. Describe maintenance/inspection of facilities prior to event: _____

4. Are all areas of the event well lit, including spectator areas and parking lots? Yes No

5. Is Lighting permanent or temporary? _____

If Temporary, who is responsible for set up of same, Applicant or Other (name)? _____

If Other than Applicant, is Certificate of Insurance provided? Yes No

Limit: _____ Insurer: _____

6. If a Stage is involved, is it a Permanent or Temporary Stage? _____

If Temporary, who is responsible for set up of same, Applicant or Other (name)? _____

If Other than Applicant, is Certificate of Insurance provided? Yes No

Limit: _____ Insurer: _____

7. If a Tent is involved, who is responsible for set-up, Applicant or Other (name)? _____

If Other than Applicant, is Certificate of Insurance provided? Yes No

Limit: _____ Insurer: _____

8. Does the event involve Amusement Rides? Yes No If yes, describe: _____

If Yes, who is responsible for set up of same, Applicant or Other (name)? _____

If Other than Applicant, is Certificate of Insurance provided? Yes No

Limit: _____ Insurer: _____

IF CONTINGENT COVERAGE IS REQUIRED, SUPPLEMENTARY FIREWORK APPLICATION MUST BE COMPLETED AND ATTACHED TO THIS APPLICATION

9. Describe any temporary structures not previously listed: _____

Who is responsible for set up of same, Applicant or Other (name)? _____

If Other than Applicant, is Certificate of Insurance provided Yes No

Limit: _____ Insurer: _____

Hold Harmless Agreements

1. Is Applicant signing any Hold Harmless Agreements? Yes No ***If Yes, attach a copy**

If Yes, with whom and assuming responsibility for what? _____

2. Is Applicant being Held Harmless by Others? Yes No ***If Yes, attach a copy of agreement**

If Yes, by whom and describe extent of same: _____

Please list the organizations that require a Certificate of Insurance from you (As they are to appear on the policy)

NAME	ADDRESS	RELATIONSHIP TO YOU*
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

* If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, as respects to your activity or operation.

Please attach the following information to this application:

- a. Loss Runs for the previous five years
- b. Copies of all Lease and Hold Harmless Agreements
- c. Copy of Brochure or other Advertising/Promotional Material for this Event
- d. Diagram of Location(s) to be used
- e. Copy of all releases/waivers signed by participants and guardians, if applicable

VERY IMPORTANT

ALLOW ENOUGH TIME TO FINALIZE TOTAL PROGRAM INCLUDING FULL PREMIUM PAYMENT TEN DAYS PRIOR TO YOUR EVENT

I UNDERSTAND THAT STONERIDGE SPECIALTY INSURANCE, FOR THE INSURING COMPANY, IS PERMITTED, BUT NOT OBLIGATED, TO SURVEY OUR PROPERTY AND OPERATIONS FOR UNDERWRITING AND/OR LOSS CONTROL PURPOSES AT ANY TIME. I ALSO UNDERSTAND THAT, BY MAKING AN UNDERWRITING AND/OR LOSS CONTROL SURVEY, OR PROVIDING ANY REPORT OF RECOMMENDATIONS, STONERIDGE SPECIALTY INSURANCE, IS NOT UNDERTAKING, ON BEHALF OF, OR FOR OUR BENEFIT (OR OTHERS), TO DETERMINE WHETHER OUR PROPERTY OR OPERATIONS ARE SAFE, OR IN COMPLIANCE WITH ANY STANDARDS, RULES OR REGULATIONS. UNDERWRITING AND/OR LOSS CONTROL SURVEYS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, UNDERWRITING AND SEEKING TO REDUCE CLAIMS AGAINST INSURANCE AND ARE NOT FOR THE BENEFIT OF ANY INSURED OR THIRD PARTY. I UNDERSTAND AND ACKNOWLEDGE THAT WE, THE INSURED, ARE SOLELY RESPONSIBLE FOR THE SAFETY OF OUR PROPERTY AND OPERATIONS, AND WE SHALL NOT REPLY UPON UNDERWRITING AND/OR LOSS CONTROL SURVEYS OR ACTIVITIES TO DETERMINE THE SAFETY OF OUR PROPERTY OR OPERATIONS AND WE SHALL NOT DIMINISH OR FOREGO OUR OWN SAFETY PRACTICES AND PROCEDURES IN RELIANCE UPON ANY STONERIDGE SPECIALTY INSURANCE. SURVEY.

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED. ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF ANY POLICY, SHOULD A POLICY BE ISSUED AS A RESULT OF THIS APPLICATION. THE APPLICATION SHALL BE DEEMED A SCHEDULE TO SUCH POLICY, BUT THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER UNLESS AND UNTIL A POLICY OF INSURANCE IS ISSUED IN RESPONSE TO THIS APPLICATION.

Signature

Date

By signing above, I authorize StoneRidge Specialty Insurance, in accordance with provincial regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.

Send completed form to:

StoneRidge Specialty Insurance
1336 Sandhill Drive, Suite 4
Ancaster, Ontario
L9G 4V5

Telephone No.: 1-226-318-1744

Fax: 1-905-648-7399

Email: Motorsports@StoneRidgeSpecialty.ca
