



**VENUE LIABILITY APPLICATION**  
**(For Stadiums, Conference Centres, Multi-Use Facilities, any other Entertainment Venue)**

**General Information:**

- 1. Name of Applicant: \_\_\_\_\_
- 2. Mailing Address: \_\_\_\_\_
- 3. Name of Venue: \_\_\_\_\_
- 4. Venue Address: \_\_\_\_\_
- 5. Location(s) are:  Owned  Rented/Leased **If Leased/Rented, include copy of agreement**
- 6. Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ 7. Web site: \_\_\_\_\_
- 8. Applicant is:  Individual  Corporation  Partnership  Other: \_\_\_\_\_
- 9. Number of years in operation: \_\_\_\_\_ with current management: \_\_\_\_\_
- 10. Type(s) of Activities/Events: \_\_\_\_\_  
**Please attach a schedule of upcoming entertainment events for the next year**
- 11. Total Acreage: \_\_\_\_\_ Parking Acreage: \_\_\_\_\_ Undeveloped Acreage: \_\_\_\_\_
- 12. Are grounds completely fenced?  Yes  No  
If no, explain: \_\_\_\_\_
- 13. Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Current/Most Recent Coverage Information**

- Insurance Company: \_\_\_\_\_ Dates of Coverage: \_\_\_\_\_
- 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, Attach Loss Record for the Past Five Years**
- Has any form of Insurance ever been cancelled/declined?  Yes  No If "Yes", please provide details: \_\_\_\_\_
- Requested Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Desired Coverage:**

- 1. Desired Limit of Commercial General Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_
- 2. Property: Limit \_\_\_\_\_ Contents: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Extensions: Flood  Yes  No Earthquake  Yes  No Sewer Back-Up  Yes  No  
Extra Expense: \_\_\_\_\_ Rental Income: \_\_\_\_\_
- 3. Non-Owned Auto: Limit: \_\_\_\_\_ Average Auto Value: \_\_\_\_\_ Estimated # of Days Rented: \_\_\_\_\_
- 4. Would you like a Tenant-User Policy to provide insurance for companies who rent the venue facilities?  Yes  No  
**If more space is needed, please attach a schedule of coverages and limits of liability required**

**General Operating Information:**

1. Estimated annual attendance: \_\_\_\_\_ 2. Maximum capacity: \_\_\_\_\_
3. How is attendance monitored? \_\_\_\_\_
3. Hours of operation: \_\_\_\_\_
4. Number of staff: total: \_\_\_\_\_ per shift: \_\_\_\_\_
5. Are there Cooking Facilities on the premises?  Yes  No If Yes Describe: \_\_\_\_\_
- Who is providing food, applicant or other (name)? \_\_\_\_\_
- If Other than Applicant, is Certificate of Insurance provided?  Yes  No
- Is Applicant named as Additional Insured thereon?  Yes  No
- Describe the type(s) of food served: \_\_\_\_\_
6. Are all food service areas checked and maintained regularly?  Yes  No How often? \_\_\_\_\_
7. Any sales of alcoholic beverages on the premises?  Yes  No **If Yes, attach Liquor Liability Application**
8. Number of Security Personnel: total: \_\_\_\_\_ per shift: \_\_\_\_\_
- Number of Security Personnel continuously at every entrance to count patrons and check identification: \_\_\_\_\_
- Who is responsible for providing Security (name)? \_\_\_\_\_
- If Other than Applicant, is Certificate of Insurance provided?  Yes  No
9. Are all parking lots well-lit?  Yes  No Are all parking areas patrolled by Security?  Yes  No
- Is Valet parking available?  Yes  No **If Yes, attach a list of all Parking Attendants you employ**
10. Is Shuttle Service provided?  Yes  No How is access to the parking lot(s) controlled? \_\_\_\_\_
- \_\_\_\_\_
- Are parking areas and sidewalks/walkways checked daily and maintained regularly?  Yes  No
- # of parking lots: \_\_\_\_\_ Total parking lot capacity: \_\_\_\_\_ cars # of Parking Attendants per shift: \_\_\_\_\_
11. Are patrons required to walk across public streets or highways from the parking area?  Yes  No
- Are buses or trams used on the premises?  Yes  No
- Are curbs, steps, ledges highlighted?  Yes  No
- Are the exits clearly marked?  Yes  No
- Are stairways and emergency egress routes equipped with emergency lighting?  Yes  No
12. Is there an emergency evacuation plan established for the facility?  Yes  No **If Yes, please attach a copy**
13. Is there a back-up generator or other power supply in an emergency?  Yes  No \_\_\_\_\_
14. Are floors and stairwells checked daily and maintained regularly?  Yes  No
- Are all floor surfaces in the facility of a non-skid/non-slip surface?  Yes  No If No, explain: \_\_\_\_\_
- \_\_\_\_\_
15. Are tables and chairs in good condition and subject to regular inspection and repair?  Yes  No
16. Please state the frequency of washroom checks/maintenance: \_\_\_\_\_
17. Are there any elevators or escalators on the premises?  Yes  No If Yes, identify number and type: \_\_\_\_\_

Elevators: \_\_\_\_\_

Escalators: \_\_\_\_\_

18. Is there a maintenance log or schedule recording the activities in question number(s) 6 to 10, and/or 14 to 17 above?  
 Yes  No **If Yes, Please attach a sample of each log or schedule**

19. Is there any child-care/babysitting service?  Yes  No If "Yes", please describe: \_\_\_\_\_

20. Is smoking allowed anywhere on the premises?  Yes  No If "Yes", please describe: \_\_\_\_\_

21. Is there a video arcade or games room?  Yes  No If "Yes", please describe: \_\_\_\_\_

22. Is there a Spa, Fitness Centre or Recreational Activities?  Yes  No If "Yes", please describe: \_\_\_\_\_

23. Are there Overnight Accomodations on the premises?  Yes  No If "Yes", how many rooms: \_\_\_\_\_

Annual Revenue: \_\_\_\_\_ Rooms: \_\_\_\_\_ Restaurant: \_\_\_\_\_ Liquor: \_\_\_\_\_

Who is responsible for providing this Food and/or Liquor (name)? \_\_\_\_\_

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

24. Is there a Swimming Pool on the Premises?  Yes  No If "Yes", please describe: \_\_\_\_\_

If Yes, describe Safety Precautions, including description of Lifeguarding, if any:

25. Does Entertainment ever include Fireworks or Pyrotechnics?  Yes  No

If Yes, who is responsible for set up? \_\_\_\_\_

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

Limit: \_\_\_\_\_ Insurer: \_\_\_\_\_

**If Applicant, please complete Supplementary Pyrotechnic Application**

27. Do you require Entertainers to provide Evidence of Insurance?  Yes  No

**Attach a copy of agreements used**

Do you agree to Hold Harmless the Entertainers while performing?  Yes  No

**Attach a copy of agreements used**

28. Is First Aid available?  Yes  No If Yes, number of staff trained: \_\_\_\_\_ Number of medical personnel on site:

EMTs: \_\_\_\_\_ Nurses: \_\_\_\_\_ Doctors: \_\_\_\_\_ Other: \_\_\_\_\_

Describe any other medical facilities on site (eg nurse station): \_\_\_\_\_

29. Distance to Nearest Hospital: \_\_\_\_\_

30. Is Video Surveillance used:  Indoors  Outdoors If Yes, is it:  Video Tape  Digital Other: \_\_\_\_\_

How long are videos retained: \_\_\_\_\_

31. Describe any hazard in need of correction: \_\_\_\_\_

32. Are there any other types of attractions or facilities on the grounds for which coverage is desired?  Yes  No

If Yes please describe: \_\_\_\_\_

33. Please list any additional exposures not previously described: \_\_\_\_\_

**Annual Gross Receipts:** Please list previous year gross receipts from:

Admissions: \_\_\_\_\_ Food: \_\_\_\_\_

Liquor: \_\_\_\_\_ Parking: \_\_\_\_\_

Venue Rental: \_\_\_\_\_ Other: \_\_\_\_\_

If there is "Other" revenue, please describe: \_\_\_\_\_

**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. _____	_____	_____

**Please attach the following information to this application:**

- a. Loss Runs for the previous Five Years
- b. Brochures and Promotional Material about the Organization
- c. Copy of any Maintenance Log or Schedule used by the Insured, if applicable
- d. Copy of Lease Agreement if Premises/Facility is Rented
- e. Copy of any Hold Harmless agreement in place
- f. Copy of agreements used with Entertainers, if applicable
- g. Copy of most recent Inspection of the Elevators/Escalators, if applicable
- h. Copy of any Engineering/Inspection Report suggestions and confirmation of corrections, if applicable
- i. Names of all Parking Attendants and Valets, if applicable

**THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:**

- a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- b) The signing and filing of this application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response thereto.
- c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- d) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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