



PARADE LIABILITY APPLICATION

- 1. Name of Applicant:
2. Mailing Address:
3. Date of Parade: Time: From: To:
4. Name of Parade:
5. How Many Years Has This Parade Been Held?
6. What is the Current Management's Experience In Organizing this Type of Event?

Current/Most Recent Coverage Information

Insurance Company: Dates of Coverage:
Is Hired/ Non-Owned Auto Coverage included?
Any losses in the past five years?
Has any form of Insurance ever been cancelled/declined?
Requested Effective Date: Expiry Date:

Desired Coverages:

Desired Limit of Liability: Deductible:
Property: Equipment:
Non-Owned Auto: Limit: Average Auto Value: Estimated # of Days Rented:
If Property Coverage is required (other than Inland Marine/Transit) attach the Supplemental Property Application

Operating Information

- 1. Location of Parade: (Attach a Diagram of the Parade Route)
2. Length of Parade in Blocks: 9. Will the Road(s) be Closed in Both Directions?
3. Estimated Total Spectator Attendance:
4. Describe Spectator Protection/Barriers:
5. Number of Floats: Estimated Number of Participants:
6. Number of Units in Parade: (e.g. a Marching Band, Float, Car carrying Personalities, etc. are each one unit)
7. Describe Medical Services During Parade:
8. What Animals, If Any, Will be in the Parade (Number and Type)?
9. Are the Animals Insured Against Third-Party Liability Claims by the Owners?

If Yes, What is the Minimum Limit Carried? \_\_\_\_\_

10. Are Souvenirs or Other Items Allowed to Be Thrown Into the Crowd?  Yes  No

If Yes, explain: \_\_\_\_\_

11. Will Applicant be Responsible for any Food or Refreshment Sold?  Yes  No

If "Yes", Explain: \_\_\_\_\_

If other than Applicant is Responsible, is a Certificate of Insurance provided?  Yes  No

Limit: \_\_\_\_\_ Is Applicant named as Additional Insured?  Yes  No

12. 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 Is Applicant named as Additional Insured?  Yes  No

13. Who is responsible for providing Security (name)? \_\_\_\_\_

If Applicant, is Security provided by employees, or an outside Security Firm? \_\_\_\_\_

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

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

Is Applicant named as Additional Insured thereon?  Yes  No

14. Is Applicant signing any Hold Harmless Agreements?  Yes  No **If Yes, please attach a copy of each**

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**VERY IMPORTANT**

1. PLEASE ATTACH COPIES OF ALL LEASE AND HOLD HARMLESS AGREEMENTS.
2. PLEASE ATTACH A COPY OF BROCHURE/ADVERTISING OF THIS PARADE.
3. INCLUDE A DIAGRAM OF LOCATION(S) TO BE USED.
4. ALLOW ENOUGH TIME TO FINALIZE TOTAL PROGRAM INCLUDING FULL PREMIUM PAYMENT TEN (10) DAYS PRIOR TO YOUR EVENT.

**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 hereto.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expenses as defined in the Policy.
- (e) 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: \_\_\_\_\_

Agent/Broker: \_\_\_\_\_ Phone: \_\_\_\_\_