
GameDay Special Events Liability Insurance Application Form

General Information

Name of Insured: _____

Mailing Address: _____

Risk Address: _____

Contact Name: _____ Title: _____

Website: _____

Telephone Number: _____ Email Address: _____

Effective Date: _____ Expiry Date: _____ Time of Event _____

Describe the event: _____

Estimated amount of participants: _____ Estimated amount of spectators: _____

Estimated amount of employees: _____

Estimated Gross Revenues: _____

Indicate the components of your event, and provide details: (Select all that apply)

Athletic Sport Musical/Entertainment Parade Other

Number of years the event has been previously held: _____

Previous experience producing this type of event: _____

Venue Capacity: _____

Will there be any overnight camping? Yes No

Will there be food served or sold? Yes No

If yes, are you serving/selling or another company such as a vendor or caterer: _____

Will there be alcohol served? Yes No

If yes, are you serving/selling or another party such as a vendor? _____

Will there be Vendors? Yes No

If yes, Details: _____

Are there any activities involving any amusements, trampolines and/ or inflatables? Yes No

If yes, Details: _____

Does the event include fireworks? Yes No

If yes, Details: _____

Describe safety measures and risk management plans in force, IE: parking, traffic, security, supervision, first aid, emergency evacuation procedures etc.: _____

Has any company previously declined or cancelled any insurance coverage: Yes No

If yes, Please provide details as to why: _____

Previous Insurer: _____

Policy Number: _____

Previous Premium: _____

Liquor Coverage

Name of Permit Holder: _____

Mailing Address: _____

Hours liquor is served: _____ Liquor License Board Permit No.: _____

Number of people at the host liquor function: _____ Estimated liquor sales: _____

Do they have safety precautions in place to handle impaired individuals?: Yes No

Liability Coverage

Limits of liability coverage required:

 \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

Any losses in the last 5 years: Yes No

If yes, please provide full details including date, description of loss, amounts paid out and reserves: _____

Sport Accident Coverage

Is Sport Accident coverage required: Yes No

Any losses in the last 5 years: Yes No

If yes, please provide full details including date, description of loss, amounts paid out and reserves: _____

I certify that all information is truthful and accurate to the best of my knowledge.

Authorized Signature: _____ Date: _____

Please Print Name: _____

The signing of this application does not bind insurance.
