



SBC Insurance Agencies Ltd.

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SPECIAL EVENTS LIABILITY INSURANCE APPLICATION

PART 1: GENERAL INFORMATION

Name of Applicant / Name of Insured: _____

Street Address: _____

City/Province: _____ Postal Code: _____

Contact Name: _____ Email: _____

Telephone: _____ Facsimile: _____

PART 2: UNDERWRITING INFORMATION

Describe Event: _____

Location of Event: _____

Effective Date : From _____ Time _____
To _____ Time _____

Please provide the following information about the daily activities and estimated attendance:

	Main Activity	Estimated Attendance	Other Activities	Total Attendance
Day 1				
Day 2				
Day 3				
Day 4				

*Attach separate sheet for events beyond four days or to provide more detail

Are you serving or providing alcoholic drinks at any time? _____

When? _____

Name & Address of Liquor Permit Holder: _____

Type of Function: _____

Previous Experience producing this type of event: _____

Will grandstands or bleachers be used? Yes: No:

If yes, describe construction: _____

Capacity: _____ Condition: _____

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

PART 3: COVERAGE REQUIREMENTS

Limit Requested: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

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

Previous Insurer: _____

Name & Policy Number: _____

Previous Premium: _____

Previous Loss History in the past five years: _____

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on the issuance of a policy or written binder specifically authorized by the Company or Agency. Quotations will be based upon the information provided and the applicant warrants that this information is true.

Authorized Signature: _____

Please Print Name: _____

Position or Title: _____ Date: [Click here to enter date.](#)