

## GENERAL LIABILITY INSURANCE APPLICATION

**Please note:** This is a generic application. Please put N/A for Not Applicable when a question does not apply to you.

### PART A – APPLICANT INFORMATION

*(If there is insufficient space to answer a question please continue in the 'Additional Information' at the end of this Application form).*

Name of Applicant  
 (Personal/Group/Association/Society/Company)

Contact Person

Mailing address

Postal Code

Telephone number

Cell Number

Email address

### PART B – UNDERWRITING INFORMATION

*(If there is insufficient space to answer a question please continue in the 'Additional Information' at the end of this Application form).*

1. **Event** Short Term/Seasonal ☐ Yearly ☐

Effective Date (MMM/DD/YYYY)	From	Time
	To	Time

**\*Please note:** We can only insure you for a date in the future. We cannot insure you for a date that has already passed.

2. Please indicate by checking the appropriate boxes which description best describes you/your organization:

**Activity Description**  
*(please check all that apply)*

**Type**

**Please check box  
yes or no**

<b>Sport</b>	Badminton, Bowling, Curling, Dance Lessons, Horseshoes, Pickleball, Tennis	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sport</b>	Baseball, Basketball, field hockey, Floor hockey, handball, racquetball, soccer, softball, squash, swimming with lifeguard, non-contact/flag football, Track & field, Volleyball, Non-Contact Ice hockey, Figure skating	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sport</b>	Other Please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Event</b>	Meetings – seasonal or annual	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Event</b>	Weddings, block parties, small function, birthday party etc	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Event</b>	Festivals, music concert, parades	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Other</b>	Please use additional space to describe	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Other, please describe		

**Please note that the following activities are excluded:**

Alpine Skiing, Boxing, Climbing Walls, Contact Hockey, Contact Martial Arts, Cycling, Fireworks, Gymnastics, Horse Related, Kickboxing, Lacrosse, Minor Contact Hockey (18 under), Rugby, Skateboarding/Skateboard Parks, Snowboarding, Tackle Football (Canadian/American), Trampoline, Motorsports, vehicle insurance or 3<sup>rd</sup> party liability for a vehicle.

3. **LOCATION OF ACTIVITIES** (Name of Landmark, Civic Address, Province, Postal Code)

Additional Locations : ☐ Yes ☐ No (Add details on page 5 if needed)

**PART C – EVENT: SPORT SPECIFIC**

4 If you are operating a sporting activity please indicate the nature of the organization including number of participants and teams:

**For Numbers of participants** (*Don't count the same person twice*)

(Includes: Participants, Athletes, volunteers, coaches, managers, board members, officials, referees)

Type	Please check box:	Number of Participants	Number of Teams
<b>League</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Tournament</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Pick up</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Participants Breakdown</b> (should equal the same # of total participants):			
<b>12 &amp; Under</b>	<b>13-18</b>	<b>19 &amp; Over</b>	

## PART D – EVENT SPECIFIC

5	Event Description As per Part B	Estimated # of Participants at any one time	Do you have a partner for the event that provides coverage for the event?	Is alcohol served?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	a) Is the organization responsible for serving alcohol at any of the above listed special events?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If applicable, does the organization have written procedures for serving alcohol?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) If applicable, have all servers completed ProServe / SIR training?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	d) Do any of the above events serve food?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	e) If there are 3 <sup>rd</sup> Party vendors selling goods or products do you obtain and retain copies of insurance?			Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Name of Liquor Permit Holder:			
	Previous Experience of Applicant in producing this type of Event (if more than one location and/or date, please attach a schedule of all location and dates)			
7	Will grandstands or bleachers be used			Yes <input type="checkbox"/> No <input type="checkbox"/>

## PART E – SAFETY MEASURES

8	Explain any current safety measures in place
9	Are waivers signed by all participants? <i>Attach a copy of the Waiver</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

## PART F – COVERAGE REQUIREMENTS

10	<b>LIABILITY LIMIT REQUESTED:</b> (PLEASE SELECT AT LEAST ONE)			
	\$2,000,000 <input type="checkbox"/>	\$3,000,000 <input type="checkbox"/>	\$4,000,000 <input type="checkbox"/>	\$5,000,000 <input type="checkbox"/>
	<b>ADDITIONAL INSURED OR INDEMNIFICATION (PLEASE PRINT CLEARLY)</b>			
	<b>Explanation:</b> The community centres, parks, spaces and/or facilities you use for your activities will require you to have the owner of that property's name on your insurance policy. They would like to be added as an "additional insured" or "additionally insured" to your insurance policy. Please provide the names of the cities, municipalities, landlords, facility owners and/or companies below. Please check with these property owners "HOW" they would like to be shown/written on the insurance policy.			

## OPTIONAL COVERAGES

11	Directors and Officers Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, what amount	\$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/>

## PART H – HISTORY AND DECLARATION

(If there is insufficient space to answer a question please continue in the 'Additional Information' at the end of this Application form).

### CLAIMS HISTORY

12	Have you had an insurance loss or claim in the past 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, provide details	
13	Has any company previously declined or cancelled any insurance coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, provide details	

**DECLARATION / DISCLAIMER (PLEASE READ CAREFULLY)**

By submitting this application, you declare that the above statements and particulars are true and that you have not suppressed or misstated any material facts, and that you agree that this declaration shall be the basis of any contract of insurance with the Insurer, and that the limits and deductibles as stated in the said quote or contract of insurance shall govern. It is understood and agreed that the completion of this application does not bind the Insurer to the issue of the insurance nor the Applicant to the purchase of the insurance. It is further understood and agreed that if, following submission of this application to the Insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing with regards to this application, the Insurer shall be immediately notified in writing of such information. Please Note, the policy does not cover any claim or circumstance stated above or any act, error, omission or circumstance which could give rise to a claim, of which the Applicant has knowledge prior to the inception of the insurance policy.

Do you accept this Declaration Yes ☐ No ☐

**AUTHORIZED SIGNATURE / DIGITAL SIGNATURE**

**IF YOU CANNOT PRINT & SIGN THE APPLICATION - PLEASE TYPE NAME (FIRST, LAST):**

Applicant's Name (please print)			
Applicant's Position or Title			
Applicant's Signature			Date

**ADDITIONAL INFORMATION**

**Please provide additional information as requested within the Application quoting the question number to which your comments refer.**

*(if there is insufficient space please continue on a separate sheet and attach to this Application)*

Question no.	Additional information.

