



#103-8411 200<sup>th</sup> STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

TULIP

SPECIAL EVENTS LIABILITY INSURANCE APPLICATION

1. Name of Applicant/Named Insureds: \_\_\_\_\_  
 \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

3. Contact Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

4. Describe Event: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Location of Event: (Full Address) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Effective Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Expiry Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

7. Please provide the following information about Daily Activities and Estimated Attendance

	<u>Main Activity</u>	<u>Estimate Attendance</u>	<u>Other Activities</u>	<u>Total Attendance</u>
Day 1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

8. Who is providing food and/or drink or other. (Name) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. If Products coverage is desired for food served or for concession stands, please indicate kind of food served, by whom and type of concession \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. If other than the Applicant, is a Certificate of Insurance provided? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Name of Insurer \_\_\_\_\_

11. Will there be alcohol served at any of the activities? Yes \_\_\_\_\_ No \_\_\_\_\_  
**\*\*If yes, then please fill out our Host Liquor Supplement\*\***
12. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. \_\_\_\_\_
13. What is your experience producing this type of event. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Will any grandstands or bleachers be used? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, confirm the construction. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Capacity \_\_\_\_\_ General Condition \_\_\_\_\_
15. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
16. General Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Has any company declined or cancelled any coverage? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, please provide detail. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Previous Carrier \_\_\_\_\_  
 Premium \_\_\_\_\_
19. Limits Requested: (check one)  1 Million  2 Million  5 Million Other: \_\_\_\_\_
20. Loss History \_\_\_\_\_  
 \_\_\_\_\_

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

Applicants Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please Print Name \_\_\_\_\_ Date: \_\_\_\_\_



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**HOST LIQUOR SUPPLEMENTAL APPLICATION TO SPECIAL EVENT LIABILITY**

To be completed if Host Liquor coverage is requested for your event.

1. Name of Applicant/Named Insureds: \_\_\_\_\_
2. Type of Host Liquor function \_\_\_\_\_
3. Name and Address of Permit Holder (Insured) \_\_\_\_\_  
\_\_\_\_\_
4. Liquor License Board Permit No. and Capacity applied for (# of patrons): \_\_\_\_\_
5. From - Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M.  
To - Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M.
6. Number of people at Host Liquor function \_\_\_\_\_
7. Location of Host Liquor function \_\_\_\_\_
8. Limit of Host Liquor Liability (Check One):  1 Million  2 Million
9. Who is designated to handle the following:  
(A) Impaired patrons who arrive at your function \_\_\_\_\_  
(B) Patrons who have become visibly impaired at your function \_\_\_\_\_  
(C) Patrons who fight \_\_\_\_\_  
(D) Patrons who become disruptive and abusive \_\_\_\_\_  
(E) Patrons who are obviously impaired who leave your function (Alone) \_\_\_\_\_
10. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. \_\_\_\_\_

**\*\*PLEASE NOTE: THIS APPLICATION TO BE USED ONLY IN CONJUNCTION WITH TULIP SPECIAL EVENTS LIABILITY INSURANCE APPLICATION AND MUST ACCOMPANY SUCH WHEN LIQUOR IS BEING**