

SPECIAL EVENT LIABILITY INSURANCE APPLICATION



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Permit Holder (person responsible)

DATE: [D | D | M | M | Y | Y]

Name of Permit Holder

Mailing Address

Liquor License Board Permit No.

Province

Insured (Organization/Association/Individual)

Name of Insured

Mailing Address

Function

Type of Function

Date of Function [D | D | M | M | Y | Y]

Address of Function

Number of people expected at the function? Start Time [] AM [] PM End Time [] AM [] PM

Performer's Names (if concert)

Security Protection

Is there any outside seating or grandstands? [] Yes [] No Type: # of Permanent Seats # of Temporary Seats/Bleachers

If Yes, please provide details:

[Large empty rounded rectangular box for details]

If additional space is needed to answer any questions, please use the blank page included with this form on page 3.

Are there any Concessions? [] Yes [] No

If Yes, please provide details (food, beverage, eating areas, cooking etc.) :

[Large empty rounded rectangular box for details]

Are Concessions required to file Proof of CGL Coverage? [] Yes [] No CGL Limit

Any previous experience hosing this type of event? [] Yes [] No Number of Years

Previous Insurer

Premium

Please provide details of Loss History, if any

Coverage	Limit of Liability	Deductible
Commercial General Liability including Liquor and Premises Liability, Non-Owned Auto & \$250,000 Limit Tenant Legal Liability		\$1,000 on All Losses

N.B. The following endorsements will form part of the policy, where applicable:

- CGL-0125 (REV.01SEP99), Abuse Exclusion - on children's parties and other events catering to children;
- CGL-0121 (REV.01SEP99), Participants Exclusion - on sporting events and athletic competitions;
- CGL-AMF010 (02JUN03), Injury to Entertainers Exclusion - where high profile professional entertainers present;
- CGL-0140 (REV.01SEP99), Specific Operations Exclusion - as determined by Underwriter.

The Policy may be deemed to be void and claims may be deemed not covered where:

1. An applicant for a contract:
 - (a) gives false or erroneous information to the prejudice of the Insurer, or
 - (b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The Insured contravenes a term of the Contract or commits a fraud; or
3. The Insured willfully makes a false statement in respect of a claim under the Contract.

Policy Language Requests: (applicable to Quebec applicants only):

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

Language de la police d'assurance (pur les residents du Quebec seulement):

Considerant la demande de protection d'assurance, par las presente nous demandons et consentons que tous les documents d'assurance soient prepares et rediges en anglais.

Additional Information related to Application

[Empty rounded rectangular box for additional information]

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance

The Policy may be deemed to be void and claims may be deemed not covered where:

1. An applicant for a contract:

- a) gives false or erroneous information to the prejudice of the Insurer, or
b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or

2. The Insured contravenes a term of the Contract or commits a fraud; or

3. The Insured willfully makes a false statement in respect of a claim under the Contract.

Policy Language Request: (applicable to New Brunswick applicants only):

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

Language de la police d'assurance (pour les résidents du Nouveau-Brunswick seulement):

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

We Strive to Protect Your Personal Information

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

Your Privacy Choices

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

If You Need More Information

For more information about our privacy policies and procedures, please contact our Privacy Officer, at PrivacyOfficer@swgins.com

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Pickering, Ontario
L1W 3W9
Tel: 905-428-1269
Fax: 905-428-3977

Our Privacy Policy and Commitment to Protecting Your Privacy

. As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

How We Use and Disclose Your Information

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
• Assess your application for insurance including underwriting and pricing your policies.
• Evaluate claims.
• Detect and prevent fraud.
• Analyze business results.
• Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

What We Will NOT Do With Your Information

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: [D][D][M][M][Y][Y]

Broker Survey

(Questions to be answered by the Broker)

1. Do you know the Applicant Personally? Yes No
If Yes, for how long?

2. Did you receive the order direct from the Applicant? Yes No
If No, from whom and why?

3. Do you handle other Insurance for the Applicant? Yes No
If yes, which coverages.

4. Do you recommend this risk in every respect? Yes No
If no, please explain

5. Is this risk a renewal to your Office? Yes No
If yes, how long have you placed the risk?

6. Are you licensed broker in the province wher the risk is located? Yes No

DATE:

D	D	M	M	Y	Y
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Broker's Signature _____