



CARRIER:

United States Liability Insurance Company

# The Main Event® — Special Event Product

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

Coverage(s) desired:  Commercial general liability and liquor liability  Commercial general liability only  Liquor liability only

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

### Type of Event

- Beer garden/Beer tent
- Musical/Theatrical performance
- Concerts
- Conventions/Trade show/Exhibit
- Festival
- Fundraiser
- Motor vehicle race/show
- Competition or shows
- Parade
- Party/Social event
- Individual vendor booth
- Picnic
- Sporting event/Tournament
- Wedding/Wedding reception
- Other (describe): \_\_\_\_\_

Applicant's name (include DBA name): \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Form of business:  Individual  Corporation  Partnership  LLC  Trust  Other \_\_\_\_\_

### Describe applicant's role and responsibility in event:

1. Limits of coverage desired: General liability limit: \_\_\_\_\_ Liquor liability limit: \_\_\_\_\_  
 General liability aggregate limit: \_\_\_\_\_ Liquor liability aggregate limit: \_\_\_\_\_

**Full Schedule/Description and Purpose of Event** (Attach copy of brochure, website pages and flyer to this application or include details on all activities taking place):

2. Dates of event: From:     /    /     To:     /    /      
MM DD YYYY MM DD YYYY

*(If one-day event, end date should be the same as start date. Quote will contemplate coverage for events continuing past 12 a.m.)*

3. Desired coverage date(s): From:     /    /     To:     /    /      
MM DD YYYY MM DD YYYY

4. If event date(s) differs from desired coverage date(s), explain: \_\_\_\_\_

5. Add set-up and take-down coverage for additional dates?  Yes  No

If "Yes," what are the dates and what will this exposure include? Set-up:     /    /     Take-down:     /    /      
MM DD YYYY MM DD YYYY

6. Will there be any heavy machinery used for set-up or take-down such as bulldozers, backhoes, excavators, or any other types of industrial machinery (small forklifts and light machinery are acceptable)?  Yes  No

7. Add coverage for a rain date?  Yes  No If "Yes," what date?     /    /      
MM DD YYYY

8. Add coverage for banners?  Yes  No

If "Yes," does the banner hang above a major roadway or trail behind an airplane?  Yes  No

**Additional Insured** (P = Property owner/lessor, M = Manager of premises, D = Designated person, LE = Lessors of leased equipment)

Name	Relationship/Interest	Address	City, Province, Postal Code	P	M	D	LE
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Add primary and non-contributory wording?  Yes  No

If "Yes," how many? \_\_\_\_\_

10. Add waiver of subrogation?  Yes  No

If "Yes," how many? \_\_\_\_\_

11. Have there been any liability, liquor liability or assault or battery losses in the last three years?  Yes  No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault or battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault or battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault or battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

**II. COMMERCIAL GENERAL LIABILITY**

12. Estimated total attendees per day: \_\_\_\_\_

If applicant is an individual exhibitor/vendor, what is the estimated number of attendees per day anticipated to visit their booth? \_\_\_\_\_

13. Will there be any entertainment?  Yes  No

If "Yes," describe and include name of performers and acts: \_\_\_\_\_

14. Will event feature any of the following?

a. Mechanical rides/devices  Yes  No

b. Firearms  Yes  No

c. Fireworks  Yes  No

If "Yes":

i. Will the fireworks display be conducted by a third party whose general liability is equal to or greater than the insured?  Yes  No

ii. Will our applicant be named as an additional insured on the general liability policy of the third party vendor conducting the fireworks?  Yes  No

iii. Will the fireworks be discharged at a minimum of 75 feet from the attendees?  Yes  No

d. Overnight camping or bonfires  Yes  No

e. Will the event feature water hazards (e.g. swimming, fishing or boating)?  Yes  No

f. Haunted house, hayride or corn maze exposure  Yes  No

g. High profile attendees  Yes  No

If "Yes," please list: \_\_\_\_\_

15. Describe security measures: \_\_\_\_\_

16. If security is provided by independent contractors, are they required to carry their own insurance?  N/A  Yes  No

(For event specific underwriting questions please see Section IV)

### III. LIQUOR LIABILITY

17. Hours of event: From: \_\_\_\_\_  a.m.  p.m. To: \_\_\_\_\_  a.m.  p.m.  
a. If hours vary by date, describe: \_\_\_\_\_
18. Estimated number of attendees consuming alcohol daily: \_\_\_\_\_
19. For this event, is the applicant acting in the capacity of a hired caterer or bartender?  Yes  No
20. Is the applicant an individual or business that regularly sells, serves or furnishes alcohol?  Yes  No
21. Is the applicant the sole vendor/server of alcohol at event?  Yes  No
22. If there are multiple vendors, are all participating alcohol vendors/servers required to carry liquor liability limits for the event equal to or greater than our applicant?  Yes  No
23. Will alcohol be dispensed by a professional bartender or server who has taken a formal alcohol awareness training course?  Yes  No
24. Will alcohol be sold by the applicant?  Yes  No
25. Is BYOB (Bring Your Own Bottle) or self-service of alcohol permitted?  Yes  No

### IV. EVENT TYPES (Complete applicable sections)

#### Concert/Musical Event

26. Name(s) of performer(s): \_\_\_\_\_ Describe type of music: \_\_\_\_\_
27. Are performers local or national?  Local  National
28. Will pyrotechnics be featured?  Yes  No
29. Any special effects?  Yes  No  
If "Yes," describe: \_\_\_\_\_

#### Parade Event

30. Describe parade route from start to finish: \_\_\_\_\_
31. Has parade route been approved by local authorities and will route be secured by police?  Yes  No  
If "No," explain: \_\_\_\_\_
32. Are parade participants permitted to throw souvenirs, candy or other items into the crowd?  Yes  No

#### Athletic Event

33. Describe athletic event: \_\_\_\_\_
34.  Professional or  Amateur  
If "Professional," list the athletes: \_\_\_\_\_
35. Is this an off-road, trail run, mud run or obstacle event?  Yes  No

#### Motor Vehicle Race, Rodeo, Tractor Pull Or Truck Show

36. Is the venue designed specifically for this type of activity?  Yes  No
37. Are metal or concrete barriers in place to ensure spectator safety?  Yes  No  
If "No," what measures are in place to ensure spectator safety? \_\_\_\_\_
38. Are the barriers permanent?  Yes  No
39. How high are the barriers? \_\_\_\_\_  Feet  Metres
40. What is the distance between the barriers and spectators? \_\_\_\_\_  Feet  Metres
41. Are spectators ever permitted in the pit or infield area?  Yes  No
42. If this is a rodeo, are the transfer areas between animal pens and the competition restricted from the general public?  Yes  No
43. Will the event feature audience participation (e.g., calf scrambles)?  Yes  No
44. Is this an off road, trail run, mud run or obstacle event?  Yes  No

#### Car/Motor Vehicle Show

45. Do vehicles remain stationary throughout the show with the engines off?  Yes  No
46. Will the event feature burnouts, drag races or flame throwing?  Yes  No

#### Health Fair/Convention

47. Will the event feature any medical or health treatment?  Yes  No

**FULL DISCLOSURE**

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

**PERSONAL INFORMATION CONSENT**

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(Principal, Partner or Officer)

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: \_\_\_\_\_ Agent's signature: \_\_\_\_\_  
(Required in Prince Edward Island and Saskatchewan)