



## PROPOSAL FORM FOR EVENT LIABILITY

### PLEASE COMPLETE THIS SECTION

1. Name of Insured.....  
.....
2. Is the Insured Incorporated Yes ( ) No ( )
3. Contact Name.....
4. Phone..... Fax.....
5. Address.....  
..... Postal code.....
6. Email.....  
Website.....
7. Effective Date: ..... Time: ..... A.M. ..... P.M.  
Expiry Date: ..... Time: ..... A.M. ..... P.M.
8. Liability Limit Requested: \$.....
9. Full Description of Activities: .....  
.....  
.....  
.....
10. Location of Event: .....
11. Estimated Spectator Attendance per Day: ..... Number of Participants: .....  
Total Attendance for the Event: .....
12. Full Description of Safety Precautions (eg. First Aid, Security, Management, Traffic): .....  
.....  
.....
13. Is food and/or drink and/or other products or services being provided? If yes, by whom?: .....  
.....

**EVENT LIABILITY PROPOSAL FORM CON'T.**

- 14. Is there a website advertising the function?: .....
- 15. Will alcohol be served at the event?: Yes ( ) No ( )
- 16. Who is serving the alcohol?: ..... Volunteer ( ) Paid ( )
- 17. If a third party is responsible for the liquor, is there a legal liability policy in force? Yes ( ) No ( )
- 18. Who is assigned to deal with the following: (Answer even if alcohol will not be served)
  - (a) Impaired patrons who arrive at your function:.....
  - (b) Patrons who 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): .....
- 19. What is your experience producing this type of event? (if none, explain related experience): .....  
.....  
.....
- 20. Will grandstands or bleachers be used? Yes ( ) No ( )  
Construction Type: ..... Approx. Age:.....
- 21. Distance to nearest hospital facility: .....Kms
- 22. Do the participants sign a "Subrogation Waiver" or "Hold Harmless Agreement"?  
(If "Yes", please attach a copy) Yes ( ) No ( )
- 23. Has any company declined or cancelled any coverage? Yes ( ) No ( )  
Is so please provide details: .....  
.....
- 24. Previous Insurance Carrier: .....
- 25. Premium: \$..... Limits: ..... Attendance # for last event: .....
- 26. Loss/Claim History (in last 5 years): .....  
.....

# THIS DECLARATION MUST BE COMPLETED IN ALL CASES

## DECLARATION

For and on behalf of the Applicant I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The Applicant's acceptance of the company's quotation and the company's acceptance of the applicant's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Insured I:

- have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- am a duly authorized officer of the Insured applying for insurance for the purpose of completing this application.
- have read and understood the information concerning the disclosure of material fact and understand that this is a contract of utmost good faith.
- agree on behalf of the applicant to Sutton Special Risk obtaining from the applicant's previous insurer(s) any information it may need about prior claims or insurance history.
- agree to Sutton Special Risk making enquiries from any third party to verify claims history and other information disclosed herein or statements made by the applicant or its representatives in making this application.
- agree to Sutton Special Risk disclosing to any insurance intermediary appointed by the applicant or to any former or future insurer of the applicants the claims history or any other information as may be determined.

### **IMPORTANT – Proposal Information**

1. **Disclosure of Material Fact** – Any material facts known to you must be disclosed. A material fact is one which could influence an underwriter in the assessment and acceptance of this proposal. Should you have any doubt as to whether a fact is material, it should be disclosed for your own protection as failure to disclose such fact may invalidate the policy. You are recommended to keep your own records (including copies of letters) of all information supplied to us in arranging this insurance. A copy of your completed proposal form is available on request.
2. **Utmost Good Faith** – The insurance is a contract based on the utmost good faith requiring Underwriters and the proposer/insured(s) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

Full Name .....

Position held.....

Signature .....

Date ...../...../.....  
(dd/mm/yy)

**Please return this form to your accredited Sutton Special Risk Broker**

### **SUTTON SPECIAL RISK**

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33 Yonge Street  
Toronto, ON M5E 1G4  
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