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## INSURANCE FOR SPECIAL EVENTS APPLICATION FORM

### SECTION 1: BROKER DETAILS

1.1 Please provide the following details:

Brokerage Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Prov. / Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

### SECTION 2: RISK DETAILS

2.1 Effective Dates: Policy period required from: \_\_\_\_\_ to \_\_\_\_\_  
(effective date) (expiry date)

2.2 Please provide the following details: (If coverage is provided for subsidiary companies, please include all subsidiary information when completing the questions in this application form)

Name of Insured: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / Prov. / Post Code: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Website: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Type of Event: \_\_\_\_\_

2.3 The Applicant has continuously been in business since: \_\_\_\_\_

How many years has this event taken place? \_\_\_\_\_

Does the Applicant currently carry insurance? Yes ☐ No ☐

Who is the current carrier? \_\_\_\_\_

Is the current carrier offering renewal? Yes ☐ No ☐

Are there any losses in the past 5 years? Yes ☐ No ☐

2.4 Event Details: \_\_\_\_\_

## SECTION 3: BUSINESS ACTIVITIES

3.1	Hours of event:	_____	to	_____
	Admission fee:	_____		_____
	Estimated number of attendees:	_____		_____
	Estimated number of participants:	_____		_____
3.2	Describe Seating (folding chairs, bleachers, grandstand seating): _____			
3.3	Is the event:	Indoor	<input type="checkbox"/>	Outdoor <input type="checkbox"/>
3.4	Will there be vendors or exhibitors?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	If so, do they provide a certificate of insurance?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
3.5	Will there be music at the event?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
3.6	Is food being sold?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	If yes, by whom:		_____	
	If a third party, do they carry insurance?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
3.7	Is alcohol being sold?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	If yes, by whom:		_____	
	If a third party, do they carry insurance?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
3.8	Will fireworks or any other special effects be part of the event:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	If yes, certificate of insurance is required			
3.9	Will there be a petting zoo or any other animals involved in the event?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	If yes, certificate of insurance is required			
3.10	Will there be any inflatable/bouncy/jumping castles?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	If yes, certificate of insurance is required			
3.11	Will any temporary grandstand, bleacher or stage be set up?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	If yes, by whom:		_____	
	Will a certificate be provided by the installer?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
3.12	Please provide security details for the event:			
	_____			
3.13	Will there be any designated children's area?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	If so, are parents required to supervise at all times?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
3.14	Will there be a parade at the event?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	Parade route length:		_____	
	Number of floats in the parade:		_____	
	Number of bands:		_____	
	Number of motorized vehicles:		_____	
	Number of participants:		_____	
	Number of spectators:		_____	

- 3.15 Will there be horses in the parade? Yes ☐ No ☐  

If yes, certificate of insurance is required
- 3.16 Has this event been held in the past? Yes ☐ No ☐

## SECTION 4: CLAIMS INFORMATION

- 4.1 Regarding all types of insurance to which this application form relates:
- a. is the Applicant aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last five (5) years, or
  - b. is the Applicant aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof, or
  - c. have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof, or
  - d. have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c, and d above: Yes ☐ No ☐

If the answer to the above is Yes, then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by the Applicant and/or by Insurers, and the dates of all developments and payments.

- 4.2 Does the Insured have a formal loss-control program? Yes ☐ No ☐  
If yes, describe:

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- 4.3 Does the Insured have a formal employee safety-training program? Yes ☐ No ☐  
If yes, describe:

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## SECTION 5: INSURANCE COVERAGE REQUIREMENTS

- 5.1 Please provide details of the Applicant's current / required General Liability insurance coverage:

Effective / Expiry Date: \_\_\_\_\_

Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

- 5.2 Desired Coverage Limits:

- ☐ General Liability \_\_\_\_\_
- ☐ Sports Accident \_\_\_\_\_
- ☐ Property \_\_\_\_\_
- ☐ Other (specify): \_\_\_\_\_

## SECTION 6: DECLARATION

- I declare that after full enquiry the information provided in this application form is true and complete that I have not misstated or suppressed any material fact.
- I agree that this Application Form, together with any other material information supplied by me shall form the basis this contract of insurance.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the inception of the policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

## SECTION 7: ADDITIONAL INFORMATION

[illegible]