

# Special Event Liability Application

BROKER SUBMISSION

2 Norfolk Street South Simcoe, ON N3Y 2V9  
 T: 1-800-265-8098 F: 519-428-5661  
 E: [ontario@palcanada.com](mailto:ontario@palcanada.com)

[www.palcanada.com](http://www.palcanada.com)



*This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided in the application. The Applicant warrants the information provided is accurate, true, and complete.*

1. Name of Insured(s): \_\_\_\_\_  
 If an individual, date of birth: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
 City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_
3. Additional Insured(s): \_\_\_\_\_
4. Type of Event: \_\_\_\_\_
5. Effective Date: \_\_\_\_\_ (MM/DD/YY) Effective Time: \_\_\_\_\_ AM PM  
 Expiry Date: \_\_\_\_\_ (MM/DD/YY) Expiry Time: \_\_\_\_\_ AM PM
6. Detail daily activities: (Attach separate sheet if event duration is over three days or insufficient space.)  
 Day 1: \_\_\_\_\_  
 Day 2: \_\_\_\_\_  
 Day 3: \_\_\_\_\_
7. Attendees per day: \_\_\_\_\_ Attendees for event: \_\_\_\_\_  
 Admission Fee: \_\_\_\_\_ Tickets printed: \_\_\_\_\_
8. Event Location Name: \_\_\_\_\_  
 Address of Facility: \_\_\_\_\_  
 Will the event be held:  Indoors  Outdoors
9. Will there be music at the event:  No  Live Band  DJ/ MP3 player  
 Provide name of performer/ band and genre of music: \_\_\_\_\_
10. Will there be vendors or exhibitors:  Yes  No  
 Will vendors/exhibitors be required to show proof of liability:  Yes  No Limit: \_\_\_\_\_
11. Will food and/or beverages be available at the event:  Yes  No  
 If Yes, who will provide:  Insured  Venue  Caterer
12. Will alcohol be consumed at the event:  Yes  No  
 If Yes, who will provide:  Insured  Venue  Caterer/ Bartending Service
13. Provide the following details with regards to alcohol consumption: (Attach separate sheet if insufficient space.)  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM to \_\_\_\_\_ AM PM Patrons: \_\_\_\_\_  
 Location: \_\_\_\_\_ Are servers trained:  Yes  No  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM to \_\_\_\_\_ AM PM Patrons: \_\_\_\_\_  
 Location: \_\_\_\_\_ Are servers trained:  Yes  No
14. Will fireworks or any other special effect(s) be part of the program:  Yes  No  
 If Yes, a certificate of insurance is required.
15. Will there be a petting zoo or any other animal(s) involved in the event:  Yes  No  
 If Yes, a certificate of insurance is required.
16. Will there be any inflatable(s)/ jumping castle(s) at the event:  Yes  No  
 If Yes, is coverage secured elsewhere:  Yes  No

Special Events Liability Application ~ Broker Submission

For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

17. Will there be a parade at the event:  Yes  No  
 Number of units in the parade: \_\_\_\_\_ Police escort:  Yes  No  
 Parade route length: \_\_\_\_\_ km Length of parade: \_\_\_\_\_ hrs  
 Will there be any horses in the parade:  Yes  No  
 If Yes, each horse owner is required to provide proof of insurance to the Insured.
18. Will overnight camping or other accommodation be provided:  Yes  No  
 Accommodation type: \_\_\_\_\_  
 Sleeping arrangements: \_\_\_\_\_
19. Will any temporary grandstand(s), bleacher(s) or stage(s) be set-up:  Yes  No  
 If Yes, who will install/ set-up: \_\_\_\_\_  
 Will a certificate of insurance be provided by the installer(s):  Yes  No  
 Provide details on the installation, such as the construction, capacity, etc.: \_\_\_\_\_  
 \_\_\_\_\_
20. Who will provide event security/ supervision:  On/Off duty Police  Hired security  Venue  Insured  
 Number of security/ supervisors on site (may include volunteers): \_\_\_\_\_
21. Will there be any designated children's area (babysitting services):  Yes  No  
 If Yes, provide procedures in place for pick-up, identification, etc.: \_\_\_\_\_  
 \_\_\_\_\_
22. Has this event been held by the applicant in the past?  Yes  No
23. Has insurance for this event ever been declined or cancelled?  Yes  No  
 If Yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_
24. Previous Insurer: \_\_\_\_\_ Premium Paid: \_\_\_\_\_  
 Loss History: \_\_\_\_\_
25. Limit of Liability:  \$1,000,000.00  \$2,000,000.00  \$3,000,000.00  \$4,000,000.00  \$5,000,000.00  
 Tenant's Legal Limit:  \$1,000,000.00  \$2,000,000.00  \$3,000,000.00  \$4,000,000.00  \$5,000,000.00  
 (\$500,000.00 included)
26. General Comments/ Unusual Exposure: \_\_\_\_\_  
 \_\_\_\_\_

I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should a policy be issued this Application form will be attached to and form part of the policy and will form the basis of the contract with Underwriters. I/We agree that answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in the Application form whether made intentionally, innocently or accidentally. I/We have been advised and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

BROKERAGE/ COMPANY: \_\_\_\_\_  
 Broker/ Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Broker/ Agent E-Mail: \_\_\_\_\_  
 \*Broker/ Agent Signature: \_\_\_\_\_  
 \* By signing this application, you are stating that you and your brokerage are compliant with the PIPEDA

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Special Events Liability Application ~ Broker Submission

# Exhibitor Liability Application

BROKER SUBMISSION (Premiums are NET. Commission not included.)



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Fax or e-mail of this application must be received by our office a minimum of one day prior to the Move in Date. The Transmission Confirmation Report from your fax machine or sent email is proof you have submitted the application to PAL Insurance. If not received, we will not bind coverage, therefore no policy will be issued.

To qualify for this program, exhibitor must be located in Canada only and only have 1 booth/kiosk in operation at any one time. If the risk involves explosives (including fireworks), chemicals, fertilizers, pesticides, pollutants, body piercing/tattooing or animals, we cannot bind coverage.

Please check the following boxes to confirm: In Canada Only:  1 booth/kiosk at any one time:  Risk does not involve any of the above:

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

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City, Province: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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

Description of products/ services for sale or promo: \_\_\_\_\_

Square Footage of exhibit: \_\_\_\_\_ (1000 sq. ft. maximum) Website: \_\_\_\_\_

Select duration:  1 to 30 consecutive days  31 days to 6 months  6 months to 12 months

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) at 12:01am (Move In Date)

<p><input type="checkbox"/> <b>OPTION #1: PROPERTY AND LIABILITY COVERAGE</b></p> <ul style="list-style-type: none"> <li>General liability (Product liability excluded)</li> <li>Tenant's Legal Liability (\$250,000.00)</li> <li>All risks Property Coverage up to \$25,000.00 including coverage in transit for 48 hours before and after the show (subject to exclusions)</li> </ul> <p><small>*Displays with weapons, knives, firearms and martial arts accessories need to be submitted for review by underwriter</small></p> <table border="1"> <thead> <tr> <th>Length</th> <th>\$1million</th> <th>\$2million</th> <th>\$3 million</th> <th>\$4 million</th> <th>\$5 million</th> </tr> </thead> <tbody> <tr> <td>1-30 days</td> <td><input type="checkbox"/>\$75.00</td> <td><input type="checkbox"/>\$90.00</td> <td><input type="checkbox"/>\$165.00</td> <td><input type="checkbox"/>\$195.00</td> <td><input type="checkbox"/>\$210.00</td> </tr> <tr> <td>1-6 months</td> <td colspan="5">Please submit application for a quote</td> </tr> <tr> <td>6-12 months</td> <td colspan="5">Please submit application for a quote</td> </tr> </tbody> </table> <p>Excluded property: Jewellery, fine art, precious stones, antiques, furs, plants, shrubs, money and securities, automobiles, motorcycles and any other vehicles licensed for the road</p>	Length	\$1million	\$2million	\$3 million	\$4 million	\$5 million	1-30 days	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$165.00	<input type="checkbox"/> \$195.00	<input type="checkbox"/> \$210.00	1-6 months	Please submit application for a quote					6-12 months	Please submit application for a quote					<p><input type="checkbox"/> <b>OPTION #2: PROPERTY AND LIABILITY INCLUDING FOOD AND BEVERAGE COVERAGE</b></p> <p>(Please select if food/beverages are served/sold at the exhibit)</p> <ul style="list-style-type: none"> <li>General liability Including Food and Beverages</li> <li>Tenant's Legal Liability (\$250,000.00)</li> <li>All risks Property Coverage up to \$25,000.00 including coverage in transit for 48 hours before and after the show (subject to exclusions)</li> </ul> <p><small>*Displays with weapons, knives, firearms and martial arts accessories need to be submitted for review by underwriter</small></p> <table border="1"> <thead> <tr> <th>Length</th> <th>\$1million</th> <th>\$2million</th> <th>\$3million</th> <th>\$4million</th> <th>\$5million</th> </tr> </thead> <tbody> <tr> <td>1-30 days</td> <td><input type="checkbox"/>\$115.00</td> <td><input type="checkbox"/>\$135.00</td> <td><input type="checkbox"/>\$205.00</td> <td><input type="checkbox"/>\$275.00</td> <td><input type="checkbox"/>\$300.00</td> </tr> <tr> <td>1-6 months</td> <td colspan="5">Please submit application for a quote</td> </tr> <tr> <td>6-12 months</td> <td colspan="5">Please submit application for a quote</td> </tr> </tbody> </table> <p>Excluded property: Jewellery, fine art, precious stones, antiques, furs, plants, shrubs, money and securities, automobiles, motorcycles and any other vehicles licensed for the road</p> <p>Please confirm that the health authority/department approved your food stand and licensing: YES <input type="checkbox"/> (if you can't confirm, you must submit application to our office for approval/rating)</p>	Length	\$1million	\$2million	\$3million	\$4million	\$5million	1-30 days	<input type="checkbox"/> \$115.00	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$205.00	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$300.00	1-6 months	Please submit application for a quote					6-12 months	Please submit application for a quote				
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<p><input type="checkbox"/> <b>OPTION #3: LIABILITY COVERAGE ONLY</b></p> <ul style="list-style-type: none"> <li>General liability (Product liability excluded)</li> <li>Tenant's Legal Liability (\$250,000.00)</li> </ul> <p><small>*Displays with weapons, knives, firearms and martial arts accessories need to be submitted for review by underwriter</small></p> <table border="1"> <thead> <tr> <th>Length</th> <th>\$1million</th> <th>\$2 million</th> <th>\$3 million</th> <th>\$4 million</th> <th>\$5 million</th> </tr> </thead> <tbody> <tr> <td>1-30 days</td> <td><input type="checkbox"/>\$50.00</td> <td><input type="checkbox"/>\$70.00</td> <td><input type="checkbox"/>\$110.00</td> <td><input type="checkbox"/>\$130.00</td> <td><input type="checkbox"/>\$145.00</td> </tr> <tr> <td>1-6 months</td> <td><input type="checkbox"/>\$175.00</td> <td><input type="checkbox"/>\$225.00</td> <td><input type="checkbox"/>\$275.00</td> <td><input type="checkbox"/>\$325.00</td> <td><input type="checkbox"/>\$375.00</td> </tr> <tr> <td>6-12 months</td> <td><input type="checkbox"/>\$275.00</td> <td><input type="checkbox"/>\$325.00</td> <td><input type="checkbox"/>\$425.00</td> <td><input type="checkbox"/>\$475.00</td> <td><input type="checkbox"/>\$500.00</td> </tr> </tbody> </table>	Length	\$1million	\$2 million	\$3 million	\$4 million	\$5 million	1-30 days	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$145.00	1-6 months	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$375.00	6-12 months	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$475.00	<input type="checkbox"/> \$500.00	<p><input type="checkbox"/> <b>OPTION #4: LIABILITY COVERAGE ONLY INCLUDING FOOD AND BEVERAGE COVERAGE</b></p> <p>(Please select if food/beverages are served/sold at the exhibit)</p> <ul style="list-style-type: none"> <li>General liability Including Food and Beverages</li> <li>Tenant's Legal Liability (\$250,000.00)</li> </ul> <p><small>*Displays with weapons, knives, firearms and martial arts accessories need to be submitted for review by underwriter</small></p> <table border="1"> <thead> <tr> <th>Length</th> <th>\$1million</th> <th>\$2 million</th> <th>\$3 million</th> <th>\$4 million</th> <th>\$5 million</th> </tr> </thead> <tbody> <tr> <td>1-30 days</td> <td><input type="checkbox"/>\$75.00</td> <td><input type="checkbox"/>\$90.00</td> <td><input type="checkbox"/>\$165.00</td> <td><input type="checkbox"/>\$195.00</td> <td><input type="checkbox"/>\$210.00</td> </tr> <tr> <td>1-6 months</td> <td><input type="checkbox"/>\$225.00</td> <td><input type="checkbox"/>\$275.00</td> <td><input type="checkbox"/>\$325.00</td> <td><input type="checkbox"/>\$375.00</td> <td><input type="checkbox"/>\$425.00</td> </tr> <tr> <td>6-12 months</td> <td><input type="checkbox"/>\$450.00</td> <td><input type="checkbox"/>\$500.00</td> <td><input type="checkbox"/>\$550.00</td> <td><input type="checkbox"/>\$600.00</td> <td><input type="checkbox"/>\$650.00</td> </tr> </tbody> </table> <p>Please confirm that the health authority/department approved your food stand and licensing: YES <input type="checkbox"/> (if you can't confirm, you must submit application to our office for approval/rating)</p>	Length	\$1million	\$2 million	\$3 million	\$4 million	\$5 million	1-30 days	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$165.00	<input type="checkbox"/> \$195.00	<input type="checkbox"/> \$210.00	1-6 months	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$425.00	6-12 months	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$600.00	<input type="checkbox"/> \$650.00
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Please continue application on page #2

Name of Location of Exhibit: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Province: \_\_\_\_\_

**OR**

Various Locations- Canada Only

(if you select this option, please keep in mind that various events/locations may have various requirements with respect to additional insured(s). Please consider the \$100.00 unlimited option below to avoid the change fee every time an additional insured must be added.

Additional Insured(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Change fee option:  
(SELECT ONE)

- A- Pay \$25.00 per change **—ONLY IF/ WHEN NEEDED**  
 B- Pay \$100.00 **NOW** for unlimited number of changes to the policy during the term (non material)

**PAYMENT BREAKDOWN:**

**\*PREMIUM IS FULLY EARNED, NO RETURN PREMIUM ON CANCELLATION. Please check this box to confirm that you agree:**

Premium: \$ \_\_\_\_\_

+ Change fee option: A  \$0.00 **OR** B  100.00\$

+ ISSUING FEE: \$20.00

+ Broker fee: \$ \_\_\_\_\_

+ Tax (8% for ON and MB) \$ \_\_\_\_\_

= TOTAL: \$ \_\_\_\_\_

Only the premium and issuing fee are payable to PAL, DO NOT SEND BROKER FEE NOR TAX. Insured's cheque or credit card will not be accepted.

Payment Option:  Broker Cheque  Broker VISA/ MasterCard

Broker's VISA or MasterCard Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_  
CVD# (3 digits from back): \_\_\_\_\_

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

Broker/Agent Name: \_\_\_\_\_

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

E-MAIL: \_\_\_\_\_

\*Broker/ Agent Signature: \_\_\_\_\_

\*By signing this application, you are stating that you and your brokerage are compliant with PIPEDA