



SPECIAL EVENTS LIABILITY Self Serve application

400, 1400-1ST Street S.W. Calgary, AB T2R 0V8
Tel (403) 261-3900 • Toll Free 1-800-661-1608 • Fax (403) 261-3903
www.palcanada.com

1. Name of Applicant/Named Insureds: _____

Mailing Address: _____

Postal Code: _____

2. Additional Insureds: LAG STE. ANNE COUNTY Box 219, Sangudo, AB T0E 2A0

3. Describe Event: (please also list the website address and attach any brochures or additional information)

4. Effective Date: _____ Time: _____ A.M. P.M.

Expiry Date: _____ Time: _____ A.M. P.M.

Please provide the following information about daily activities

Day 1 _____

Day 2 _____

Day 3 _____

*Attach separate sheet if required for events beyond 3 days or to provide more detail.

5. Will there be music played at the event? (Select all that applies) No mus Yes, D.J. Yes, Live Ban
If live band, please provide name and type of music: _____

6. Estimated amount of: Attendees: _____ /day Attendees: _____ / whole event
Admission fee: \$ _____ # of Tickets printed: _____ Receipts: \$ _____

7. Location of Event (Name & Full address): _____ Inside only Outside only Both

Does the facility carry liability insurance? Yes No

8. Who is providing food and/or drink (Name) _____

If Products coverage is desired for food served or for concession stands, please indicate kind of food served and by whom. Required Not required

If an outside party is in charge of food and/or drink (I.e.: Caterer), has proof of insurance been obtained?
Yes No Name of Insurer _____

9. Will there be any vendors or exhibitors at the event? Yes No
Are the vendors/ exhibitors required to show proof of liability? Yes No Limit: \$ _____

10. Will there be alcohol served at any of the activities? Yes No
Who is in charge of the service of alcohol? _____

*** (if NO alcohol served, please proceed to question # 15)**

11. Liquor Licence Board Permit Number: _____

12. Name and Address of Permit Holder: _____

13. Please specify at which activity alcohol will be served:

Date: Time: From _____ am pm To _____ am pm # of patrons: _____

Location: _____ Are servers trained? Yes No

Date: Time: From _____ am pm To _____ am pm # of patrons: _____

Location: _____ Are servers trained? Yes No

*Attach separate sheet if required for additional activities where alcohol is served

14. Who is designated to handle the following?
 (A) Impaired patrons who arrive at your function: _____
 (B) Patrons who become disruptive and abusive: _____
 (C) Patrons who are obviously impaired who leave your function (Alone): _____

15. Does the event involve a parade? Yes No
 If yes, please specify the number of units in the parade _____ (a marching band, a float, a car...=1 unit)
 Length of parade: _____ km Length in time: _____ hrs
 Are there any horses? Yes No Police escort? Yes No

16. Will fireworks or any other special effects be part of the program? Yes No
If yes, a certificate of insurance is required.

17. Will there be a petting zoo or any other animals involved in the event? Yes No
If yes, a certificate of insurance is required.

18. Is the applicant providing any overnight camping or other accommodation? Yes No

19. Will any grandstands or bleachers be used? Yes No
 If yes, confirm if Permanent Temporary
 *If temporary, some restrictions may apply.

Will there be a stage set up for the event? Yes No
 If yes, confirm if the stage is: Permanent Temporary
 If temporary, will a certificate of insurance be provided by installers? Yes No

20. Is the applicant responsible for providing security? Yes No
 If not, who is? _____
 How many people on site for security? _____ (may include volunteers)
 Are there any first aid facilities on site? Yes No
 Is parking available at the location of the event? Yes No

21. Has this event been held by applicant in the past? Yes No
 If yes, how many years? _____

22. Describe measures in place in respect to evacuation/missing persons precaution for children, as well as any i.d. procedures if there are designated children's areas.

23. Has any insurance company declined or cancelled any coverages Yes No

If so, please provide detail. _____

24. Previous Carrier _____ Policy # _____ Premium\$ _____

25. Limit of Liability Requested: \$1 million \$2 million \$3 million \$4 million \$5 million
(Please check)

26. Loss History _____

27. General Comments: (describe any unusual exposures) _____

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.

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 Proposal 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 Proposal Form whether made intentionally, innocently or accidentally. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Applicant name:

Mailing address:

Postal Code: _____

Phone No.: _____ Fax No.: _____

E-mail address: _____

Applicant Signature: Position: _____

****PLEASE BE SURE THAT ALL QUESTIONS ARE COMPLETED. IF THE QUESTION DOES NOT APPLY TO THIS EVENT, PLEASE ADVISE BY ANSWERING WITH N/A.
INCOMPLETE APPLICATIONS WILL RESULT IN A DELAY IN QUOTING YOUR EVENT**