

Toronto Office: 18 King St. E., Suite 903 Toronto, ON M5C 1C4
 T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 625 President-Kennedy Avenue, Suite 903 Montreal, QC H3A 1K2
 T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

SPECIAL EVENTS SUPPLEMENT TO GENERAL LIABILITY INSURANCE APPLICATION FOR

Name of Applicant: _____

1. Event Location(s) _____

2. Event Date(s) _____

Event Calendar: (Attach separate sheet(s))

	DAY	ACTIVITY	LOCATION	EST. ATTENDANCE
1				
2				
3				

3. a) If alcohol served indicate details: _____

b) License holder _____

c) Licensed location/maximum occupancy: _____

d) Hours of operation: _____

e) Approx. Revenue: _____

f) Credentials of service staff: _____

4. Describe security provisions for event: _____

5. Describe first aid provisions for event: _____

6. Please describe incident reporting policy in place and attach sample of incident report: _____

7. Please describe weather policy and procedure: _____
8. Please disclose all permits obtained in order to host event: _____
9. Please describe any:

GRANDSTANDS	Capacity	Type	Provider
STAGING	Height	Type	Provider
FIREWORK DISPLAYS	Separation from audience	Property	Pyrotechnicians license
PARADE	Length	Estimated number of spectators	Number of participants

Rodeo, Automobile contests _____

Describe crowd protection measures: _____

Camping facilities: Capacity: _____

Amenities provided _____

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This supplement, together with the General Liability application to which it is attached, constitute the Applicant's representations and will form the basis of any policy that may be issued.

Signature of Applicant _____ Dated _____