



#103-8411 200TH STREET, LANGLEY, BC, V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

TULIP - SPORTS

SPECIAL EVENTS LIABILITY INSURANCE APPLICATION for Sporting Events

1. Name of Applicant/Named Insureds: _____

2. Mailing Address: _____

3. Contact Name: _____ Phone No. (____) _____ Fax No. (____) _____
4. Describe Event/ Sporting Activities to be included : _____

5. Location of Event: (Full Address) _____

6. Effective Date: _____ Time: _____ A.M. _____ P.M.
Expiry Date: _____ Time: _____ A.M. _____ P.M.
7. Provide approximate breakdown of players by the following age category in your event by number. If you participate in more than one activity, please provide a similar list for all activities.

	Percentage of Females	Males
Youth:		
Participants Ages ___ to 13 years of age :	_____	_____
Participants Ages 13 to 18 years of age:	_____	_____
Senior:		
Participants Ages 19 to 35 years of age:	_____	_____
Participants Ages 35 and up:	_____	_____

TOTAL NUMBER OF PARTICIPANTS: _____

TOTAL NUMBER OF TEAMS (IF APPLICABLE): _____

TOTAL NUMBER OF SPECTATORS: _____

8. If hockey, any contact? _____

9. Do you require waivers to be signed by all participants? Please provide a copy for our file. _____
10. Are you affiliated with Summer AAA Leagues or Tournaments?: _____
11. Any U.S. or Foreign participants?: _____
12. Will there be alcohol served at any of the activities? Yes _____ No _____
****If yes, then please fill out our Host Liquor Supplement****
13. What is your experience producing this type of event. _____

14. Will any grandstands or bleachers be used? Yes _____ No _____
If yes, confirm the construction. _____
Capacity _____ General Condition _____
15. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation.

16. General Comments _____

17. Has any company declined or cancelled any coverage? Yes _____ No _____
If so, please provide detail. _____
18. Previous Carrier _____
Premium _____
19. Limits Requested: (check one) 1 Million 2 Million 5 Million Other: _____
20. Loss History _____

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.

Applicants Signature: _____ Position: _____

Please Print Name _____ Date: _____



#730-800 WEST PENDER STREET, VANCOUVER, BC, V6C 2V6 TELEPHONE: (604) 685-0050 FAX: (604) 669-1007

HOST LIQUOR SUPPLEMENTAL APPLICATION TO SPECIAL EVENT LIABILITY

To be completed if Host Liquor coverage is requested for your event.

1. Name of Applicant/Named Insureds: _____
2. Type of Host Liquor function _____
3. Name and Address of Permit Holder (Insured) _____

4. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. _____
5. Liquor License Board Permit No. and Capacity applied for (# of patrons): _____
6. From - Date: _____ Time: _____ A.M. P.M.
To - Date: _____ Time: _____ A.M. P.M.
7. Number of people at Host Liquor function _____
8. Location of Host Liquor function _____
9. Limit of Host Liquor Liability (Check One): 1 Million 2 Million
10. Who is designated to handle the following:
(A) Impaired patrons who arrive at your function _____
(B) Patrons who have 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) _____
11. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. _____

****PLEASE NOTE: THIS APPLICATION TO BE USED ONLY IN CONJUNCTION WITH TULIP SPECIAL EVENTS LIABILITY INSURANCE APPLICATION AND MUST ACCOMPANY SUCH WHEN LIQUOR IS BEING**