

# Grain Insurance & Guarantee Company



## APPLICATION FOR SPECIAL EVENTS LIABILITY INSURANCE

1. Name of Broker: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
3. Name of Insured: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Name of Event: \_\_\_\_\_
6. Location of Event: \_\_\_\_\_
7. Description of Event: \_\_\_\_\_

**Please provide as much information as possible. For example if the event is a music concert, do not just indicate "music concert" but describe the type of concert, performers and all activities and events surrounding the main event.**

**PLEASE ATTACH ANY BROCHURES OR FLYERS USED TO PROMOTE THE EVENT.**

8. Size of Premises: \_\_\_\_\_ (Acres/Hectares)
9. Website: \_\_\_\_\_
10. Event Dates: From: \_\_\_\_\_ To: \_\_\_\_\_
11. Duration of Tenancy on Premises: From: \_\_\_\_\_ To: \_\_\_\_\_
12. Policy Term: From: \_\_\_\_\_ To: \_\_\_\_\_
13. Liability Coverage Required: \$ \_\_\_\_\_ Reimbursement Clause: \$ \_\_\_\_\_

## UNDERWRITING INFORMATION

1. Number of years staged: \_\_\_\_\_ Anticipated attendance per day: \_\_\_\_\_ Total for event: \_\_\_\_\_
2. Opening and Closing times: \_\_\_\_\_ Open: \_\_\_\_\_ Closing: \_\_\_\_\_
3. Will there be a carnival, midway or similar attractions? Yes  No

**If Yes, answer questions i. to v. If no, go to question 4:**

- i. Name of Carnival Operator(s) \_\_\_\_\_
- ii. Are carnival operators required to carry their own liability insurance? Yes  No
- iii. If "Yes" to ii. what is the minimum limit of insurance that is required? \$ \_\_\_\_\_
- iv. Is evidence of liability coverage obtained from carnival operators? Yes  No   
(if coverage is bound, a copy will be required)
- v. Will there be a mechanical bull at this event? Yes  No   
If yes, who is responsible for it? \_\_\_\_\_  
If operated by an outside party, evidence of their liability insurance must be provided.

4. Will the Insured operate a "Beer Garden" or similar facility which serves alcohol? Yes  No

**If Yes, answer questions i) to x). If no, go to question 5.**

- i. What is the maximum capacity? \_\_\_\_\_
- ii. Hours of operation? \_\_\_\_\_
- iii. Who is operating and responsible for the Beer Garden? \_\_\_\_\_
- iv. Please provide a full description of the following security:
  - Fencing: \_\_\_\_\_
  - Exit and entrance monitoring: \_\_\_\_\_
  - Policy regarding removal of liquor from the fenced area: \_\_\_\_\_
  - Policy regarding the checking of ID: \_\_\_\_\_
  - Policy regarding allowing minors in the beer garden area: \_\_\_\_\_
  - Name and qualification of hired security force if applicable: \_\_\_\_\_

- v. Whose name is on the liquor license: \_\_\_\_\_
- vi. Type of liquor license and type of alcohol being served : \_\_\_\_\_
- vii. Maximum capacity stipulated on the license: \_\_\_\_\_
- viii. Have any previous liquor licenses obtained for this event been revoked or suspended or have there been any fines by a regulatory agency? \_\_\_\_\_
- ix. 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 or become disruptive/abusive \_\_\_\_\_
  - d) Patrons who are obviously impaired and are leaving your function \_\_\_\_\_
- x. Are all servers and all personnel involved in liquor token or ticket sales trained in a Server's Intervention Program?  Yes  No

Please provide details: \_\_\_\_\_

- 5. i. Are all vendors required to provide Certificates of Insurance?  Yes  No
- ii. If any vendor can not provide certificates, please provide complete details of the vendor(s) and the type of goods or services offered by each of them: \_\_\_\_\_

6. Will a fireworks / pyrotechnics display be staged during the event?  Yes  No

**If Yes, answer questions i) to ii). If no, go to question 7.**

- i. Who handles the display? \_\_\_\_\_
- ii. Confirm evidence of liability insurance is obtained from the fireworks / pyrotechnics operator showing coverage and limit carried. **A copy must be provided.**  Yes  No

7. Will there be a stage show or concert?  Yes  No

**If Yes, answer questions i) to v). If no, go to question 8.**

- i. How many stages and indicate details and location of each: \_\_\_\_\_
- ii. Please list bands/performers that will be appearing: (Please attach schedule if enough room is not available) \_\_\_\_\_

iii. Provide details of seating capacity and arrangement of seating: \_\_\_\_\_

iv. Is seating on an assigned basis?  Yes  No  
 If No, please provide details: \_\_\_\_\_

v. Who will be responsible for security? \_\_\_\_\_  
 Please describe the security measures in place for the event. \_\_\_\_\_

If an outside security company is used, please confirm they are required to provide evidence of insurance. (A certificate of insurance from the security firm must be provided if bound)  Yes  No

Please provide the name of the security company: \_\_\_\_\_

If the event is more than one day, will the security be on site 24 hours a day for the entire event?  Yes  No

Please provide details: \_\_\_\_\_

8. i. Provide details of the on site medical stations, staff and qualifications, emergency vehicles, and confirm there will be clear emergency access to all venues:  
\_\_\_\_\_

ii. If on site medical facilities are not available, please provide details of the procedures in place in the event of a medical emergency:  
\_\_\_\_\_

9. Will any grandstands or bleachers be used?  Yes  No

**If Yes, answer questions i) to ii). If no, go to question 10.**

i. Please complete the following:

Grandstand: Age: \_\_\_\_\_ Construction: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

Temporary Bleachers: Age: \_\_\_\_\_ Construction: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

ii. If grandstands or bleachers are over 10 years old, please provide details of the maintenance and include the date they were last inspected as well as who did the inspection:  
\_\_\_\_\_

10. Will any Motorsports be staged? (incl. Demolition Derby and motorcross demonstrations)  Yes  No

We can not cover motorsport events. If you responded Yes, we require confirmation that this operation is being insured elsewhere including evidence of insurance.

i. Please provide full details of the track layout and spectator protection: \_\_\_\_\_  
\_\_\_\_\_

11. Will any contests be held?  Yes  No

**If Yes, answer questions i) to ii). If no, go to question 12.**

i.  Talent  Eating  Sporting  Tests of Strength and Agility

Other (describe): \_\_\_\_\_

ii. Provide full details of each contest and attach a copy of the waiver used: \_\_\_\_\_  
\_\_\_\_\_

12. Are any campsites available on site for this event?  Yes  No

Is the Insured responsible for the operation or security of an off site campground?  Yes  No

If Yes to either of the above, answer the following questions. If no, go to question 13.

How many sites are available? \_\_\_\_\_

Please provide the following information:

a) Details of security provided at the campsite: \_\_\_\_\_

b) Proximity to the event: \_\_\_\_\_

c) Are campers allowed to have liquor or open fires?  Yes  No

If Yes, please provide details: \_\_\_\_\_

d) Is transportation provided from the campground to the event site?  Yes  No

If yes, details - include type of vehicle: \_\_\_\_\_

Who provides transportation?  Insured Party  3<sup>rd</sup> Party

If 3<sup>rd</sup> party, is proof of insurance obtained?  Yes  No

e) Details of the water supply and sewage disposal if camping is provided on temporary sites or overflow sites:  
\_\_\_\_\_

**A DIAGRAM OF THE CAMPSITE MUST ACCOMPANY THIS APPLICATION**

13. Does the event involve a parade?  Yes  No  
**If Yes, please answer questions i) to vi). If No, go to question 14.**

- i. Estimated number of spectators: \_\_\_\_\_
- ii. Number of units in parade:  
(a marching band, float, car carrying personalities, etc. is considered as one unit) \_\_\_\_\_
- iii. Length of parade : \_\_\_\_\_ Blocks: \_\_\_\_\_ Time: \_\_\_\_\_
- iv. Any Livestock?  Yes  No  
Please Describe: \_\_\_\_\_
- v. Are all animals insured against third party liability by their owner?  Yes  No
- vi. Are souvenirs, candy or other items thrown into the crowd?  Yes  No

14. Will there be any Rodeo or Horse Racing events?  Yes  No  
**If Yes, please answer questions i) to ii). If No, go to question 15.**

- i. Please complete the Rodeo Event Liability Questionnaire on page 6 of this application.
- ii. Will there be any other animal related events or exhibits?  Yes  No  
Please Describe: \_\_\_\_\_

15. List all other attractions and exhibits that will be staged during this event, whether operated by the insured or not:

<u>Attractions operated by Insured</u>	<u>Attractions operated by 3<sup>rd</sup> Party</u>	<u>Proof of Insurance Obtained</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Does this Organization engage in any other activities or operations under the same name  Yes  No  
 If Yes, provide details: \_\_\_\_\_

17. List all entities requiring Additional Insured status on the applicant's policy:

Name	Mailing Address	Reason for Additional Insured Status	Certificate of Insurance Required?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**GROSS RECEIPTS – PLEASE INCLUDE A COPY OF THE INSURED'S MOST RECENT FINANCIAL STATEMENT**

GROSS RECEIPTS:	Actual Last Year	Anticipated Coming Year
Admissions	\$ _____	\$ _____
Sponsorships/Donations	\$ _____	\$ _____
Ride Receipts	\$ _____	\$ _____
Food & Novelties	\$ _____	\$ _____
Beer & Liquor	\$ _____	\$ _____
Other (Describe below)	\$ _____	\$ _____
<b>Total Receipts</b>	\$ _____	\$ _____

**OTHER:** \_\_\_\_\_

**CLAIMS, LOSS AND INCIDENT HISTORY FOR THE PAST 10 YEARS**

Date	Cause	Amount Paid or Reserved (including fees)	Deductible or Reimbursement	Insurer

Previous Insurer: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Has any company declined or cancelled any coverage?  Yes  No

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BROKER RECOMMENDATION:**

New business to submitting broker's office.  Currently insured through submitting broker's office. Expiry Date: \_\_\_\_\_

If currently insured through your office, why is account being remarketed?:

Is applicant known to selling broker?  Yes  No If yes, how long? \_\_\_\_\_ Years  
 Completed By: \_\_\_\_\_ Agency/ Brokerage: \_\_\_\_\_

**CONSENT in accordance with the Act Respecting the Protection of Personal Information**

If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfill their functions:

(A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection, or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.

- for the purpose of establishing the premium and the assessment of risk; and, (if you would like to consent now)
- for the purpose of verification, assessment and the settlement of losses;

Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.

(B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

**This insurance application is considered to include all provisions for all forms to be issued in accordance with this contract.  
 The total estimated policy premium is subject to adjustment.**

SIGNATURE OF APPLICANT      DATE	SIGNATURE OF CO APPLICANT      DATE
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## RODEO EVENT LIABILITY QUESTIONNAIRE



**The following information must be provided if there are any rodeo activities**

1. Name of Rodeo Promoter/Company/Stock Contractor: \_\_\_\_\_
- i. Is a certificate of insurance obtained from the stock contractor?  Yes  No
- ii. What is the limit carried by the stock contractor? \$ \_\_\_\_\_
- iii. Do you board the stock contractor's livestock at your facility overnight?  Yes  No
- iv. Are the transfer areas between the animal pens/stalls and rodeo competition area restricted to the general public?  Yes  No

**If a quote for the stock contractor is required, please request and complete our Stock Contractor Application**

2. Rodeo Date(s): \_\_\_\_\_ Start Date & Time: \_\_\_\_\_ Closing Date & Time: \_\_\_\_\_
- i. Estimated spectator attendance: \_\_\_\_\_
- ii. Provide a complete list of all rodeo events or provide a brochure, pamphlet or the rodeo schedule that outlines all of the events.  
\_\_\_\_\_  
\_\_\_\_\_

iii. The Rodeo has been sanctioned by: \_\_\_\_\_

3. i. Are minors permitted to participate in any of the events?  Yes  No  
Details: \_\_\_\_\_  
\_\_\_\_\_

ii. Are all participants that are under 18 required to be part of either  Yes  No  
 Canadian Junior Rodeo Association or  Canadian High School Rodeo Association  
 If No to above, a copy of the participant application and waiver required by the minor and their parents or guardian prior to their participation in any events must accompany this application.  Attached

iii. Are there any activities or events that involve audience participation?  Yes  No  
Details: \_\_\_\_\_

A copy of the waiver required by the participant and/or the participant's parent or guardian must accompany this application if different from the form used for 3 ii.  Attached

4. Facility/Location Address: \_\_\_\_\_

5. Rodeo Arena Facility:  Indoor  Permanent  
 Outdoor  Temporary

6. i. Arena Fencing / Barrier Construction:  Metal Scaffolding  Permanent  
 Wood Post & Plank  Temporary  
 Metal Gating  
 Other (describe in detail):

ii. Describe the Fencing / Barrier construction in detail (age, height, conditions):  
\_\_\_\_\_

iii. Provide a photo or diagram of the set up.  Attached

iv. Are fences, barricades and pens adequate to confine animals?  Yes  No  
Details: \_\_\_\_\_

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>	<b>SIGNATURE OF CO APPLICANT</b>	<b>DATE</b>