



10020-12th Ave, North Battleford, SK S9A 3A4 Toll Free 1-866-979-2747 Toll Fax: 1-866-488-6122

Email – info@oasisinsurance.ca

SPECIAL EVENTS LIABILITY INSURANCE APPLICATION

1. Name of Applicant/Names Insured: _____

2. Mailing Address: _____

3. Contact Name: _____ Phone No. () _____ Fax No. () _____

4. Full Description of the Event including Diagram: _____

5. Location of Event: (Full Address) _____

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

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

7. Please Provide the following information about Daily Activities and Estimated Attendance including setup

	Primary Activity	Estimated Attendance	Other Activities	Attendance
1 st Day	_____	_____	_____	_____
2 nd Day	_____	_____	_____	_____
3 rd Day	_____	_____	_____	_____

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

9. If Products coverage is desired for food served for concession stands, please indicate kind of food served, by _____

10. If other than the Applicant, is a Certificate of Insurance provided? Yes No

Name of Insurer _____

11. Will there be alcohol served at any of the activities? Yes No

**** If yes, then please advise who obtains the permit and projected receipts****

12. If another party is responsible for alcohol, confirm there is a legal liability policy in force and certificate issued with the applicant named as additional insured. _____

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 yes, please provide details. _____

18. Previous Insurer _____ Premium _____

19. Limits Requested: 1 Million 2 Million 5 Million

20. Do you require Participant Accident Coverage Y / N If Yes, # of Participants _____
of Support Staff _____
of Officials _____

21. Event 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 Outdoor Adventure & Sport Insurance Solutions Inc.

Quotations will be based upon the information provided which the applicant warrants is correct.

Applicants Signature: _____ Position: _____

Please Print Name _____ Date: _____

Please e-mail or fax this application with supporting documents info@oasisinsurance.ca or by our toll free fax # 1-866-488-6122 at least 10 days prior to the event.