



CHUBB INSURANCE COMPANY OF CANADA

ONE FINANCIAL PLACE, 1 ADELAIDE ST. E., TORONTO, ONT. M5C 2V9 • (416) 863-0550 • FAX (416) 863-5010

Chubb Custom Market Special Events Liability Insurance Application

1. Name of Applicant: _____

2. Address: _____

3. Describe the event

4. What is the estimated number of:

Participants _____ Spectators _____
Employees _____ Workers _____

5. What are the estimated receipts for this event? \$ _____

6. Insurance is required from:

Date _____ to _____

7. Location of Event: Indoors _____ Outdoors _____

8. Describe the location of this event (the construction of and fire protection at the building and overall event):

9. Will there be first aid facilities on the premises ? If so, who is supplying ?

Who is responsible for the safety of the public ? _____

Describe what safety precautions will be implemented for this event ?

10. Will there be any of the following at this event?

Alcohol _____ Food services _____

-if so, what type? _____

- what are estimated receipts from alcohol ? _____

Swimming Pools _____ Motor vehicles _____

Aircraft _____ Speed contests _____

Ski tows or lifts _____ Toboggans _____

Fireworks _____ Bleachers _____

-if so, what type ? _____

-what is distance from
the public? _____

- what is length of show ? _____

- who will set off _____

Animals _____ Grandstands ? _____

- If so, what type ? _____

Products (ie. t-shirts) _____ Automobile parking ? _____

- If so, what type ? _____

Children's activities _____

- If so, what type ? _____

- Who is providing? _____

- What safety measures are involved ? _____

Any another unusual exposures ? _____

If you answered yes to any of the sections in question 10 please provide details (specific activity details and safety precautions involved):

11. If any of section 10 is involved in your event, are you responsible for the insurance covering these activities or will you receive a certificate from the entities providing the insurance for the activities which states you are added as an additional insured to their policy as respects these operations (as evidenced by a certificate of insurance)?.

12. If you state that the entities providing the above services have their own primary insurance please advise what limit of insurance they have attach a copy of the agreement between yourself and such entity.

13. Limit of Insurance Requested: \$ _____

General Remarks:

This is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or a written binder specifically authorized by the Company. Quotations will be based on information provided and applicant warrants information provided.

Signature of Applicant _____ Date _____