



**ONTARIO AMATEUR SOFTBALL ASSOCIATION
2017 LIABILITY INSURANCE PROGRAM**

**SPECIAL EVENTS LIABILITY INSURANCE APPLICATION
FOR LIQUOR LIABILITY COVERAGE**

1. Name of Applicant / Name of Insured:

2. Street Address:

City/Province:

Postal Code:

3. Contact Name:

Telephone:

()

E-mail

address:

4. Describe Event:

5. Location of Event:

6. Effective Date:

Time:

7. Please provide the following information about the daily activities and estimated attendance:

	Main Activity	Estimated Attendance	Other Activities	Total Attendance
Day 1	_____	_____	_____	_____
Day 2	_____	_____	_____	_____
Day 3	_____	_____	_____	_____
Day 4	_____	_____	_____	_____

*Attach separate sheet for events beyond four days or to provide more detail

8. Are you serving or providing alcoholic drinks at any time?

When?

9. Name & Address of Liquor Permit Holder:

10. Type of Function:



11. Previous Experience producing this type of event: _____

12. Will grandstands or bleachers be used? Yes: _____ No: _____

If yes, describe construction:

Capacity: _____ Condition _____

13. Describe safety measures and risk management plans in force, i.e. parking, traffic, security, supervision, first aid, emergency evacuation procedures, etc.

14. Has any company previously declined or cancelled any insurance coverage? Yes: _____ No: _____

15. Previous Insurer: _____

Name & Policy Number: _____

16. Previous Premium: _____

17. Limits Requested: _____

18. Previous Loss History in the past five years: _____

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

Authorized Signature: _____

Please Print Name: _____

Position or Title: _____ Date: _____

Please note that the OASA must now charge PST on all premiums so you must add 8% to the premium on the pricing chart.

Premium _____

8% PST _____

Total _____