



**ONTARIO AMATEUR SOFTBALL ASSOCIATION  
2010 LIABILITY INSURANCE PROGRAM**

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

1. Name of Applicant / Name of Insured:

\_\_\_\_\_

\_\_\_\_\_

2. Street Address:

\_\_\_\_\_

City/Province:

Postal Code:

3. Contact Name:

\_\_\_\_\_

Telephone:

( )

Facsimile:

Email:

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 MAKE CHEQUES PAYABLE TO THE ONTARIO AMATEUR SOFTBALL ASSOCIATION (O.A.S.A.)**

**Ron & Sharon Taylor**  
**O.A.S.A. Insurance Coordinators**  
**RR #2, S1, CA23**  
**Havelock, ON**  
**K0L 1Z0**

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**exec. 11/09**