



**ONTARIO AMATEUR SOFTBALL ASSOCIATION  
2018 LIABILITY INSURANCE PROGRAM**

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

Premium Due \_\_\_\_\_ (use accompanying chart)