



**ONTARIO AMATEUR SOFTBALL ASSOCIATION
2024 LIABILITY INSURANCE PROGRAM**

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

Name of Applicant/ Name of Insured: _____

Street Address: _____

City: _____ Postal Code: _____ Telephone: _____

Contact Name: _____ Email Address: _____

Describe Event:

Location of Event: _____

Effective Date: _____ Time: _____

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 a Separate Sheet for Events beyond four days or provide more details

Are you Serving or providing alcoholic drinks at any time? Yes No

Provide the times when you will be serving: _____

Name of Permit Holder: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____ Email: _____

Type of Function: _____

Previous Experience producing this type of event:

Will grandstands or bleachers be used? Yes No

If yes, describe construction: _____

Capacity: _____ Condition: _____

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

Has any company previously declined or cancelled any insurance coverage? Yes No

Previous Insurer Name/Policy Number: _____

Previous Premium: _____

Limits Requested: _____

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)

Completed applications are to be sent to: insurance.oasasoftball@gmail.com