



181 University Avenue, Suite 1700, Toronto, ON M5H 3M7
T. 416-599-5530 | 1-800-668-5901 F. 416-599-5458

PUBLIC SECTOR | Special Events Liability Insurance Application

IF ALCOHOL IS TO BE SERVED AT ANY OF THE ACTIVITIES, COMPLETE “HOST LIQUOR SUPPLEMENT” ATTACHED.

1. Name of Applicant/Named Insureds:
2. Mailing Address:
3. Contact Name: _____ Phone No. (____) _____ Email _____
Address: _____
3. Describe Event:
5. Location of Event (Full Address):
6. Effective Date: _____ Time: _____ A.M. _____ P.M.
Expiry Date: _____ Time: _____ A.M. _____ P.M.
7. Please provide the following information about Daily Activities and Estimated Attendance

DAY	MAIN ACTIVITY	ESTIMATED ATTENDANCE	OTHER ACTIVITIES	TOTAL ATTENDANCE
1				
2				
3				



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8. Who is providing food and/or drink or other (Name):
9. If Products coverage is desired for food served or for concession stands, please indicate kind of food served, by whom and type of concession.
10. If other than the Applicant, is a Certificate of Insurance provided? Yes No
Name of Insurer:
11. Will there be alcohol served at any of the activities? Yes No
If yes, then please fill out our Host Liquor Supplement
12. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured.
13. What is your experience producing this type of event.
- 14 Will any grandstands or bleachers be used? Yes No
If yes, confirm the construction.
- Capacity _____ General Condition _____
- 15.. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation.
16. General Comments
17. Has any company declined or cancelled any coverage? Yes No
If so, please provide detail.



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18. Previous Carrier:

Premium:

19. Limits Requested (check one): 2 Million 5 Million Other: _____

20. Loss History:

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

Applicants Signature: _____

Position: _____

Please Print Name: _____

Date: _____

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Public Sector | Host Liquor Supplemental Application to Special Events Liability Application

1. Name of Applicant/Named Insureds:

2. Type of Host Liquor function:

3. Name and Address of Permit Holder:

4. Liquor License Board Permit No. and Capacity applied for (# of patrons):

5. From Date: _____ Time: _____ A.M. P.M.
To Date: _____ Time: _____ A.M. P.M.

6. Number of people at Host Liquor function:

7. Location of Host Liquor function:

8. Limit of Host Liquor Liability (check one): 1 Million 2 Million

9. Who is designated to handle the following:

(A) Impaired patrons who arrive at your function:

(B) Patrons who have become visibly impaired at your function:

(C) Patrons who fight:

(D) Patrons who become disruptive and abusive:

(E) Patrons who are obviously impaired who leave your function (alone):

10. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured.

****PLEASE NOTE: THIS APPLICATION TO BE USED ONLY IN CONJUNCTION WITH THE SPECIAL EVENTS LIABILITY INSURANCE APPLICATION AND MUST ACCOMPANY SUCH WHEN LIQUOR IS BEING SERVED.**



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Consent to receiving electronic communication from BFL CANADA

Canada’s new anti-spam legislation (CASL) requires that we obtain your consent in order for you to continue receiving electronic communications from BFL CANADA.

This may include information concerning your insurance program and any recommendations, advice or other related services, as well as newsletters, announcements, invitations, publications and other news or information.

Please note that you may unsubscribe at any time by emailing opt-out@bflcanada.ca.

Client:

Signature of the Individual or the Authorized Signatory

Title

Date

Email address(es):

Return to:

Heather Lloyd
Client Service Representative – Public Sector
hlloyd@bflcanada.ca



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Consent to the collection, the use and the disclosure of personal information

Subject: Insurance

It is understood that BFL CANADA Risk and Insurance Services Inc., following its Privacy Policy and as permitted by relevant privacy laws or other laws, will collect, use or disclose all necessary information required for the processing of _____'s insurance portfolio or to provide consulting and/or risk management services.

It is also understood that BFL CANADA Risk and Insurance Services Inc. will communicate the information obtained to third parties, including insurance companies, for the purpose of establishing the premium and the assessment of risk, as well as for verification, assessment and settlement of losses purposes.

It is acknowledged that _____ has the right to access information obtained by virtue of the present consent and to have it corrected, if need be.

By signing and returning this form to BFL CANADA Risk and Insurance Services Inc., _____ hereby expressly consents or renews its consent to the collection, use and disclosure of personal information of individuals to third parties as required, including insurance companies. Where personal information of individuals is collected, used and communicated and the client is a commercial or other entity, the client hereby covenants and warrants that it has obtained the appropriate consent from all the individuals to disclose their personal information to BFL CANADA Risk and Insurance Services Inc. for these purposes accordingly.

Date

Signature of Authorized Representative

Title of Authorized Representative

Client Name

Return to:

Heather Lloyd
Client Service Representative – Public Sector
hlloyd@bflcanada.ca

To review personal information maintained by BFL CANADA Risk and Insurance Services Inc. pertaining to the above mentioned client's file, obtain copies of BFL CANADA Risk and Insurance Services Inc.'s privacy policies, or for any other privacy enquiries, please contact BFL CANADA Risk and Insurance Services Inc.'s Privacy Officer at 514 843-3632 or toll free at 1 866 688-9888, or by other means as detailed on BFL CANADA Risk and Insurance Services Inc.'s website at bflcanada.ca.